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THE COMMONWEALTH OF MASSACHUSETTS

# DEVELOPMENTAL DISABILITIES COUNCIL



## *Annual Report*

FEDERAL  
FISCAL  
YEAR

# 1991

(October 1, 1990 - September 30, 1991)

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**Massachusetts Developmental Disabilities Council**  
600 Washington Street - Room 670  
Boston, Massachusetts 02111  
(617) 727-6374

GERALD B. HEALY, M.D.  
CHAIRPERSON

WILLIAM F. WELD  
GOVERNOR



**ANNUAL PROGRAM PERFORMANCE REPORT  
FEDERAL FISCAL YEAR 1991**

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**I. IDENTIFICATION DATA**

1. State: MASSACHUSETTS
2. Federal Fiscal Year Reporting: 1991 (October 1, 1990 - September 30, 1991)
3. State Council:

**MASSACHUSETTS DEVELOPMENTAL  
DISABILITIES COUNCIL  
600 Washington Street, Room 670  
Boston, Massachusetts 02111  
(617) 727-6374**

4. Designated State Agency:

**ADMINISTERING AGENCY FOR  
DEVELOPMENTAL DISABILITIES  
600 Washington Street, Room 670  
Boston, Massachusetts 02111  
(617) 727-4178**

5. The Designated State Agency does not provide direct services.
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## II. A. REPORTING YEAR OBJECTIVES

### Background regarding Priority Areas, Goals, and Objectives

The DD Act asks state Councils to "package" their major categories of concentration in so-called "priority areas." The version of the Act in effect when the 1991 State Plan was written required one priority (Employment Activities), suggested several other possible federal priority areas that states could choose (Community Living, Case Management, Child Development), and permitted states to select one other area as a "state option."

The Council, via its planning process, selected the following priority areas for 1990-91:

- Employment (federal priority - required)
- Empowerment (state option)
- Case Management (federal priority - optional)

The DD Act further required that, in each year's state plan, Councils describe their intentions in the form of one or more general goals and specific plan-year objectives. In the interests of simplicity and clarity, the Council declared for its 1991 plan a single goal:

#### 1990 - 91 STATE PLAN GOAL

**Articulate a clear policy agenda, based on values set forth in the "1990 Report" as the vehicle for: (1) systems change in Massachusetts and recommended points of public responsibility for addressing unmet needs; and (2) Council focus in the coming years.**

Eight plan year objectives were selected as a means for us to reach our goal. Each objective included several activities which were undertaken to carry it out utilizing DD program resources: people, that is, Council members, committees, and staff; and grant project dollars.

The following describes the major activities and accomplishments connected with the eight objectives undertaken during FFY 1991, in a format recommended by the Federal Administration on Developmental Disabilities.

**1. Name and description of objective:**

- (A) Support the Council's consumer-focused mission, priority areas, and plan year objectives, via staff and member work in research and analysis, systems change planning and advocacy, policy development, project design and implementation, coalition-building, interagency and intergovernmental coordination, public and professional education and awareness programs, and similar activities.
- (B) Disseminate and promote the 1990 report, Creating Open Communities, and encourage implementation of key recommendations therein by Council committees and grantees; plan for 1992-94 goals and objectives to implement recommendations selected for ongoing Council focus.

**2. Goal corresponding to this objective:**

See 1990-91 State Plan goal, on first page of Section II-A.

**3. Extent to which objective has been met:**

Largely; kindly see reverse.

**4. Expenditures for this objective:**

|                |               |
|----------------|---------------|
| Federal:       | \$266,874     |
| State (match): | <u>88,958</u> |
|                | \$355,832     |

**5. Priority Area Activities under this objective:**

All federal priority areas plus the state option "Empowerment" were in some way addressed in this objective, which refers to the oversight, coordination, and implementation of the entire 1991 State Plan.

**6. Classes of activities that were pursued for meeting the objective:**

- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
- Study or analysis
- Demonstration project
- Development of model policies and procedures
- Presentation (formal or informal to policy makers)
- Training for access to or for provision of service
- Other similar activity to prevent developmental disabilities or to increase independence, productivity and integration
- State Plan development
- Activity addressing the implementation of 1990 Report findings
- Coordinating activity, other than above
- Advocacy activity other than above (commenting on other State Plans, State ICF/MR actions, unserved/underserved, other)
- Gathering information
- Outreach activity

**7. Kindly see reverse for a summary of this objective's activities and accomplishments.**

### Summary of Accomplishments

FFY 1991, which began on October 1, 1990, was the second and final year of a special two-year DD state plan "transition" period. The term refers to the transition from the 1987-89 three year plan cycle to the upcoming 1992-94 three year plan. Congress directed state DD Councils during the two transition years to conduct major policy analyses--the so-called "1990 reports"--and then redirect their energies and resources to a carefully selected agenda of public policy reform to promote independence, productivity and integration of people with developmental disabilities. The Massachusetts Council feels it navigated this transition successfully in 1990-91 and accomplished the lion's share of its specific objectives. The 1990-91 state plan was implemented (until the last quarter of FFY 91) by a Council consisting of well over 50 people, assisted by a number of large and small grantees. Meanwhile, the Council prepared for the coming years, and the 1992-94 state plan was approved by the federal government in August 1991.

Major accomplishments are outlined in the narratives accompanying the next seven objectives.

While carrying out its 1991 objectives and planning for 1992-94, the Council experienced a number of transitions of its own. One new chair was appointed by the outgoing governor in December 1990, and another in late May by the new governor; both governors appointed the same vice-chair. A large number of capable individuals completed their tour of duty as members in June; a downsizing plan resulted in the appointment of a new 37-person Council, about half of whom are new members and half reappointments, in late October of 1991. Two staff persons who departed were replaced by new hires. The Governor's Legal Office updated the Executive Order formally establishing the program in Massachusetts; the only substantive change was in the composition of the Council, significantly reducing the previously large number of representatives of state agencies. The DD protection and advocacy agency achieved complete fiscal autonomy: for reasons that had become obsolete, the P&A's federal appropriation had until mid-1991 flowed through state AADD accounts. Transitions within the federal Department of Health and Human Services meant two sets of changes in DD staff at the New England regional office in Boston.

We established relations with the new Governor's office, a process greatly enhanced and facilitated when the new chair took charge. Because the Governor reappointed a number of the disability state agency chiefs, not all the senior people were new to us. Indeed, one of our members resigned to become the new state mental retardation commissioner.

Some things did not change. Our committee structure, reworked in 1990 with the next five years in mind, continued to meet our needs; the major priorities selected for 1990-91 were reaffirmed, with a collective vow to inter-relate and focus committee activities more closely. We ordered a second printing of Creating Open Communities, and distributed some 700 copies throughout the year (1,000 had been distributed in 1990). Our thirteenth legislative reception drew record numbers in March, and we were pleased to have introductory remarks delivered by the new Lieutenant Governor. With the exception of the June meeting when outgoing members' terms had expired and new members had not been appointed, the Council enjoyed three well-attended meetings in the fall, winter, and spring.

Guest speaker Ed Moscovitch in January shared with us his research on the economics and politics of mental retardation in Massachusetts. Massachusetts Council delegates remained active with the National Association of Developmental Disabilities Councils, as well as in regional and state "DD family" affairs.

**1. Name and description of objective:**

To continue to identify and support effective volunteer participation and leadership in all Council activities.

**2. Goal corresponding to this objective:**

See 1990-91 State Plan goal, on first page of Section II-A.

**3. Extent to which objective has been met:**

Totally met.

**4. Expenditures for this objective:**

-0-

**5. Priority Area:**

Empowerment.

**6. Classes of activities that were pursued for meeting the objective:**

- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
- Training for access to or for provision of service
- State Plan development

**7. Kindly see next page for a summary of this objective's activities and accomplishments.**

### Summary of Accomplishments

In December 1990 before he left office, Governor Dukakis appointed a new chair, Mr. Sal Albano and a new vice-chair, Mrs. Barbara Gopen for the Council; the following April the Council elected its secretary and at-large members of its Executive Committee. Governor William F. Weld assumed office in January 1991, and in May appointed and swore in a new chair, Dr. Gerald B. Healy, who presided over his first Council meeting in June. Governor Weld re-appointed Mrs. Gopen as the vice-chair.

The Council updated its member handbook, and fine-tuned the Council member "job description." We shared the council member handbook with the Department of Public Health's Early Intervention Advisory Committee's membership committee, and adapted sections of the handbook for use by the Early Intervention Advisory Committee members during the summer of 1991. The Council also shared the handbook, its member "job description", and other volunteer development techniques with councils on a national basis through NADDC and ADD meetings. The Council decided that it would enforce its attendance policy (maximum of three unexcused absences per year) in the fall of 1991 and reiterated its expectations of members--they should call in advance and indicate whether they will attend a meeting or not, they are responsible for sharing their opinions on particular issues if they cannot attend, and they must belong to at least one committee. The Council's informational brochure has been updated, and the Public Policy Committee developed the job description further to specify responsibilities of its own committee members. The job description includes a "contract" provision which the member, the chair, and the executive director all sign, specifying the responsibilities each undertakes in connection with his or her role.

The Council worked hard to recognize and acknowledge efforts of Council members: the April annual meeting, for the seventh year in a row, included an award ceremony to recognize outgoing members who had completed 3-6 years of service and to publicly commend a "DD Advocate of the Year," usually a former Council member. Tom Larkin, chair of the Council for 6½ years, received this honor. In March, members were invited to a photo opportunity with the new governor, who signed a proclamation declaring March as Developmental Disabilities/Mental Retardation Month.

Based on the responses to a needs assessment, the Council arranged for professional legislative advocacy training for Council members; two well-attended and well-received sessions gave people a choice of evening or day training. The new chair worked with senior Council members and the Governor's office to downsize from 50-plus to 37 members, approximately half new and half "old." New and reappointed members were sworn in, mostly for full 3-year terms, by Governor Weld on October 28, 1991. The committee structure, which had been established over the previous two years, was reaffirmed; the chair appointed members to standing committees in the fall of 1991. The new Council's first meeting included an orientation session for new members to explain expectations and to provide them with an overview of the Developmental Disabilities Program. That evening, new members were welcomed and hosted by "old" members in a buddy system.

Council leaders and staff continued to encourage leadership training, such as opportunities for members to testify on proposed regulations and legislation; to recommend that interested persons serve on other boards and commissions; to speak publicly on behalf of the Council; and to attend conferences related to Council business.

**1. Name and description of objective:**

To support efforts at collaboration and create more sensitivity to minority and disability issues; to promote the human and civil rights of and enhance service delivery to ethnic and linguistic minorities with disabilities (including but not limited to African-American, Cambodian, Chinese, Haitian, Hispanic, Korean, Laotian, Native American, Portuguese, and Vietnamese people); and to promote an entitlement to community-based services for all minority persons with disabilities.

**2. Goal corresponding to this objective:**

See 1990-91 State Plan goal, on first page of Section II-A.

**3. Extent to which objective has been met:**

Largely.

**4. Expenditures for this objective:**

|                |               |
|----------------|---------------|
| Federal:       | \$155,615     |
| State (match): | <u>51,872</u> |
|                | \$207,487     |

**5. Priority Area:**

Empowerment.

**6. Classes of activities that were pursued for meeting the objective:**

- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
- Study or analysis
- Gathering information
- Outreach activity
- Development of model policies and procedures
- Presentation (formal or informal to policy makers)
- Training for access to or for provision of service
- Other similar activity to prevent developmental disabilities or to increase independence, productivity and integration
- State Plan development
- Activity addressing the implementation of 1990 Report findings
- Coordinating activity, other than above
- Other advocacy activity other than above

**7. Kindly see next page for a summary of this objective's activities and accomplishments.**

### Summary of Accomplishments

Responsibility for this objective was assigned to the Council's Multi-cultural Outreach Committee (MOC), which is comprised of Council members and other interested individuals.

In 1991 the Committee changed its name from the "Minority Outreach Committee" to "Multi-cultural Outreach Committee," in recognition that the issues it deals with are not unique to "minorities" in any way, nor are its constituencies really a "minority" at all.

MOC members and staff:

- Played a lead role in planning and implementing a conference entitled "Access Now," which focused on the employment needs of people of color with disabilities;
- Sponsored two successful "Native American Roundtables," which introduced service providers to Native American cultures and attitudes toward disability;
- Disseminated Council resources on multi-cultural issues to interested parties, and provided technical assistance to agencies locally and nationally;
- Assisted in the development and implementation of the "Minority Disabled Survey Project" conducted by Action for Boston Community Development's (ABCD's).

The DD program promoted awareness of multi-cultural issues via several grant projects:

- A \$9,845 grant "to promote the development and implementation of a multi-media campaign (Public Service Announcements, Audio Component, and Promotional Activities) showing the impact of developmental disabilities on a family of color. Three 30-second Public Service Announcements (PSAs) focus on the impact of disability on Latino, Cambodian, and African American families; the PSAs are also captioned for viewers with hearing impairments. Each was recorded in the family's native language. These PSAs have been aired on local and network channels, and cable stations. A radio broadcast campaign was also developed.
- A \$19,893 contract to the Consortium of Black Health Care Providers, a minority-owned business, to provide technical assistance to other minority-owned agencies to develop/enhance their capacity to apply for other funds to serve people with (developmental) disabilities and their families.
- A grant totalling \$70,000 to Stavros Center for Independent Living, Inc., to undertake a Project in Self-Advocacy for consumers of color.

### The HIV/AIDS and Disability Network

Chief among the Committee's accomplishments was the growth of the HIV/AIDS and Disability Network. The Network is a coalition of people with HIV and other disabilities and their care providers who have joined together to identify issues of common concern and develop a shared advocacy agenda. In FFY 91, it published and disseminated, "Taking a Stand Together: Issues and Recommendations for Action on Behalf of People with HIV and Other Disabilities." The Network also sponsored a series of focus group meetings around the state, which included people with HIV and other disabilities giving input to the Network's planning of its next statewide conference in 1992.

1. Name and description of objective:

To promote a mandate for an entitlement to high quality family support services in the Legislature, among state agency administrators, and with the general public, by supporting families to articulate their needs and desires, by sharing information with families and policy makers regarding model programs and systems, and by conducting a pilot demonstration project (or projects) which supports families.

2. Goal corresponding to this objective:

See 1990-91 State Plan goal, on first page of Section II-A.

3. Extent to which objective has been met:

Largely.

4. Expenditures for this objective:

|                |               |
|----------------|---------------|
| Federal:       | \$145,000     |
| State (match): | <u>48,333</u> |
|                | \$193,333     |

5. Priority Area:

Case Management.

6. Classes of activities that were pursued for meeting the objective:

- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
- Study or analysis
- Demonstration project
- Development of model policies and procedures
- Presentation (formal or informal to policy makers)
- Training for access to or for provision of service
- Other similar activity to prevent developmental disabilities or to increase independence, productivity and integration
- Gathering information
- Outreach activity

7. Kindly see next page for a summary of this objective's activities and accomplishments.

### Summary of Accomplishments

The purpose of the Family Support Steering Group (FSSG) is to promote a mandate for family supports in the state. It introduced itself to the new Governor, Lieutenant Governor, and Secretary of the Executive Office of Health and Human Services (EOHHS); developed a brochure summarizing the 1990 Report recommendations on Family Support; and a FSSG co-chair spoke at the Council's Legislative Reception in March. Meeting monthly throughout the year, the FSSG invited "experts" from state and private agencies to share information on home care, health care, and housing; and conducted a "think tank" with the Secretary of EOHHS and key staff in the fall, to share their perspectives on the above issues as well as principles and values of family support. At this meeting, members of the group were requested to comment on a draft plan concerning Turning 22 issues in the state and individual members sent in comments.

The Council awarded Human Research Institute of Cambridge (HSRI) a \$20,000 contract to work with grassroots organizations and the FSSG to "educate parents as policy makers in Massachusetts." Work started in this area in the spring of 1991, parents started to convene in the summer, and two sub-groups organized: one to work on a statewide meeting to take place in October 1991 and the other to draft family support legislation for the 1992 legislative session. (The legislation was filed in November 1991.) The Council drafted and sent out the invitation to legislators to the October event (which over seventy family members attended), as well as making outreach calls to find family members from diverse groups to attend.

The Council, through the FSSG, sent out a notice of a public forum on the child care and development block grant to about 300 advocates and organizations to alert them to this chance to include children with special needs/disabilities in day care and related services. Staff and a FSSG member served on a working group concerned with special needs and aftercare issues. The Council contacted the lead agency, attended a local forum to advocate for integration, and sent letters from the Council as well as the FSSG. As a result of the Council's efforts and those of advocates, the first year application does include some funding for small grants to group day care centers to help them to include children with disabilities more appropriately. FSSG staff participated in a meeting with high level staff of EOHHS on issues concerning children with mental retardation, and helped recruit people who benefit from community services to tell their stories in person.

FSSG co-sponsored a conference in the spring on "Children at Risk," with Massachusetts' two university affiliated programs (Shriver Center and Developmental Evaluation Clinic at Children's Hospital). There were forty attendees, and a parent from FSSG participated in the morning presentation.

Over several years, the Council has followed many issues in cooperation with other agencies. There is a cumulative effect. One example is Council co-sponsorship of Children's Advocacy Day, which brings together advocates and members of the community around issues of concern for children annually.

Another example is the Council's review and comment upon revision to the state's special education regulations, which resulted in some changes by the Department of Education.

The Council has made significant dollar investments in family support, as evidenced in its funding of multi-year Cash Assistance Project. For FFY 1991, the Massachusetts DD Program funded the second year of the Family Cash Assistance Pilot (FCAP) (at \$115,000), which has continued to provide assistance to thirty families who care for their members (up to age eighteen) with developmental disabilities at home. In addition, the Council funded a second year of an "impact/evaluation study" of the FCAP on the participating families (at \$30,000). The final reports from the second year of the FCAP and Evaluation project have been widely disseminated throughout the state and the New England region. The projects are now compiling data on various family support programs and models.

**1. Name and description of objective:**

To promote a range of options for productive work for people with disabilities.

**2. Goal corresponding to this objective:**

See 1990-91 State Plan goal, on first page of Section II-A.

**3. Extent to which objective has been met:**

Largely. For reasons outside the Council's control, there was no significant activity in Massachusetts related to implementing the State Executive Order 246, establishing a program of affirmative action in state government for people with disabilities.

**4. Expenditures for this objective:**

|                |               |
|----------------|---------------|
| Federal:       | \$163,000     |
| State (match): | <u>54,333</u> |
|                | \$217,333     |

**5. Priority Area Activities under this objective:**

Employment.

**6. Classes of activities that were pursued for meeting the objective:**

- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
- Study or analysis
- Demonstration project
- Presentation (formal or informal to policy makers)
- Training for access to or for provision of service
- Other similar activity to prevent developmental disabilities or to increase independence, productivity and integration
- State Plan development
- Activity addressing the implementation of 1990 Report findings
- Coordinating activity, other than above
- Advocacy activity other than above (commenting on other State Plans, State ICF/MR actions, unserved/underserved, other)
- Gathering information
- Outreach activity

**7. Kindly see reverse for a summary of this objective's activities and accomplishments.**

### Summary of Accomplishments

Responsibility for implementing this objective lies with the Council's Independence/Productivity/Integration (IPI) Committee.

A major focus of committee and staff work, as well as modest financial support, in FFY 91 involved planning and implementation of a "School to Work Transition" conference hosted by the Governor's Commission on Employment of People with Disabilities. The well-attended conference, held on October 27, 1990 attracted consumers, educators and service providers, who were able to broaden their perspectives on the full participation of young people with disabilities in the workplace.

Members of the IPI Committee as well as its staff planner continued to be active on the Massachusetts Rehabilitation Commission's Statewide Advisory Council. We assisted the SAC to compose an improved vocational rehabilitation consumer handbook, which addresses informational and attitudinal barriers to the employment of individuals with disabilities. Because of the change in administration and staff reduction in the State's Office of Affirmative Action, little activity took place regarding Executive Order 246 during FFY 91. This executive order was issued by the former governor to require affirmative action for persons with disabilities in state employment and in state contracts.

The bulk of the Council's employment-related activities involved three different grants, two to promote supported employment opportunities, and the third (a new grant) to assist consumers to utilize the Social Security PASS program:

- \$88,000 was awarded to the Massachusetts Rehabilitation Commission (MRC) for the last of a 3-year project "to provide technical assistance to Massachusetts supported employment program's providers." This project provided a range of technical assistance to between 60-80 targeted vendors of supported employment, including Local Educational Agencies (LEAs), sheltered workshops, and state agencies. Technical assistance via group training, individual on-site consultations, and dissemination of materials, information and resources, was provided in such areas as: organizational development, including promotion of values regarding supported employment among staff of all levels; job matching; negotiations with employers; development of marketing tools and techniques; establishment of Business Advisory Committees; strategic planning for conversion to community based services; social security work incentives/PASSes, etc. A Resource Manual on Supported Employment was developed and widely disseminated throughout the state, New England, and the nation. The project also developed a comprehensive Barrier Analysis/Policy Recommendations Report on Supported Employment, and a series of "Supported Employment Informational/Marketing Brochures" for employers, consumers, and families.
- \$75,000 was expended during the second year of a 3-year project, also by MRC for the "development of a Management Information System (MIS) for programs which provide integrated/supported employment opportunities for people with developmental disabilities." This project designed a model for interagency cooperation: MRC, Massachusetts Commission for the Blind (MCB), Department

of Mental Retardation (DMR), Department of Mental Health (DMH) (all public agencies with funds allocated for the provision of supported employment services for people with disabilities) worked together to design and implement a comprehensive and uniform MIS for all the state's supported employment programs. The data being collected (including information on primary/secondary disability, source of support services, program costs, etc.) will be compiled longitudinally and provided in the future to the Massachusetts Legislature, to encourage it to convert state funds presently allocated to sheltered workshops and Extended Employment Programs to supported employment programs more beneficial in human and dollar terms. This Project's Job Satisfaction Task Force has developed a "Quality of Life" Assessment Tool for the workplace. The project also developed the Massachusetts Supported Employment Information System (MSEIS) Software, data entry forms, instructions, manual, and trained agency and provider staff on the MSEIS. The MSEIS had been tested/implemented with 96 DMR, MRC, and MCB vendors as of late 1991. MRC has agreed, via an Interagency Service Agreement with the Administering Agency for Developmental Disabilities (AADD), to continue to compile and disseminate data on supported employment.

- The DD Program awarded a new grant totalling \$75,000 in the first of three years, to Work, Inc. "to increase utilization of the Social Security Administration's (SSA's) Plan to Achieve Self Support (PASS) Program by consumers with developmental disabilities." This new grant will develop and implement a pilot project for the provision of technical assistance to consumers, their families, (if appropriate), advocacy organizations and providers in two regions of the State; and it aims to enroll 50 individuals in the PASS program.

**1. Name and description of objective:**

To plan and implement activities which maximize integration into the larger society; maximize productivity in employment, volunteerism and the home; and maximize feasible independence toward self-destiny for people with disabilities.

**2. Goal corresponding to this objective:**

See 1990-91 State Plan goal, on first page of Section II-A.

**3. Extent to which objective has been met:**

Largely.

**4. Expenditures for this objective:**

-0-

**5. Priority Area Activities under this objective:**

Empowerment and Employment.

**6. Classes of activities that were pursued for meeting the objective:**

- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
- Study or analysis
- Gathering information
- Outreach activity
- Presentation (formal or informal to policy makers)
- Training for access to or for provision of service
- Other similar activity to prevent developmental disabilities or to increase independence, productivity and integration
- State Plan development
- Activity addressing the implementation of 1990 Report findings
- Coordinating activity, other than above
- Advocacy activity other than above (commenting on other State Plans, State ICF/MR actions, unserved/underserved, other)

**7. Kindly see next page for a summary of this objective's activities and accomplishments.**

### Summary of Accomplishments

Responsibility for implementing this objective lies with the Council's Integration/Productivity/Independence (IPI) Committee, which engaged in a variety of activities and strategies.

The DD program provided financial support to various groups and organizations to conduct conferences on disability community inclusion issues. For example, ADD-TECH was given both financial and planning support for its conference on assistive technology, and Citizen's Housing and Planning Association, Inc. (CHAPA) was assisted to prepare its November 1991 conference on implementing new housing plans for DMH, DMR, and DPH.

The IPI Committee and its planner wrote the draft of a new handbook, "Value Invitation and Inclusion: A Disability Reference Guide" to provide information to the general population on disability issues in an attempt to confront attitudinal barriers. Compiled by a variety of individuals with disabilities, it represents a general consensus of terminology and current disability practice in Massachusetts.

Members of the IPI Committee participated in the consumer grassroots-sponsored Personal Care Task Force. This task force worked with the Massachusetts Department of Public Welfare's Medicaid program to operationalize the State's Medicaid PCA regulations, particularly in the area of surrogacy. By the end of the year, approximately 6 agencies offered new PCA/surrogate programs.

The Council, through the IPI Committee, promoted housing and supported living issues in three major ways:

- 1) supported the development of a new central special needs housing registry by the Mass. Rehabilitation Commission. This housing registry was recently awarded a HUD grant to begin its implementation;
- 2) introduced CHAPA to lay people, issues and resources, to launch this respected non-profit low income housing advocacy group to its new work in special needs housing. CHAPA had received a Boston Foundation grant to study the housing needs of people with disabilities, and contacted the Council--after having read our "1990 Report" Creating Open Communities--for the contacts needed to get started. CHAPA did excellent work, and wrote a well-received report "A Move Towards Independence: Housing for People with Disabilities." This report was instrumental in the development of a Massachusetts-sponsored Special Needs Housing Task Force, convened by the Secretary of Health and Human Services; this new body includes IPI Committee members.
- 3) in April, the Council provided detailed written testimony and historical materials to the administration's Special Commission on Consolidation, Closure, and Phase-down of State Institutions. The Commission's recommendations--accepted by the Governor--were to close 9 state facilities while committing to provide appropriate services for the clients/residents of the respective mental health, public health, and mental retardation facilities.

The IPI Committee oversaw the distribution statewide of close to 1,000 copies of MDDC's "1990 Report: Creating Open Communities" to consumers, state agencies and non-profit service providers.

Grantees undertook additional activities to promote community integration:

- A \$75,000 one-year grant to the Massachusetts Coalition of Citizens with Disabilities (MCCD) "to increase public awareness regarding persons with low-incidence disabilities (LID), to provide technical assistance, training for low-incidence disability (consumer) organizations, and to develop a collective consumer advocacy agenda for this population," accomplished the following: identified 71 local LID groups and 112 national organizations, developed a draft directory of 69 LID (consumer) organizations; provided technical assistance to 57 LID consumer organizations; conducted two workshops and one conference; developed a collective advocacy agenda; and set up an informal network of LID organizations. The LID (consumer) organizations want a coalition to: share strategies on increasing public education; identify common themes/issues; develop and implement training; find and access resources/services; enhance visibility at the State House; strengthen their political voice; etc.

Three grants followed up on successes from a series of Community Integration Projects (CIP) initially funded during FFYs 87-89:

- A \$25,000 grant went to the Newton Community Service Centers (NCSC), Inc. to "disseminate/market the video entitled "Meltdown! The Walls That Separate." This 25 minute film focuses on integrating young children with severe, multiple, medically-involved disabilities into non-segregated classrooms. This film is notable not only because of the severity of the disabilities included, but also because of its multi-cultural focus. The film was presented to over 1,000 children and educators at 54 elementary schools, five school age child care programs, and six colleges and professional conferences. The film was broadcast in 27 communities on non-commercial community access cable TV stations. A curriculum for teachers was produced to accompany the videotape.
- Community Partnerships, Inc. received \$20,000 to continue its community integration efforts by ensuring that people with developmental disabilities achieve full societal inclusion in their supported employment workplace.
- The Education for Community Initiatives CIP produced an 18 minute videotape entitled "Welcome to the Club: Association Integration Project." This video, transposed from a slide presentation, describes a three year community integration project that the Western Massachusetts Training Consortium implemented with DD grant funds. The project entailed matching people with disabilities with mainstream community clubs and organizations that share their interests. By profiling three project participants and their organizations, the video demonstrates that the individuals with disabilities were not the only beneficiaries of the project. A synchronized slide presentation is also available.

1. Name and description of objective:  
To promote the independence, integration and productivity of all people with developmental disabilities through policy research and analysis, advocacy, and increased public awareness.

2. Goal corresponding to this objective:  
See 1990-91 State Plan goal, on first page of Section II-A.

3. Extent to which objective has been met:  
Largely.

4. Expenditures for this objective:  
Federal: \$60,000  
State (match): 20,000  
\$80,000

5. Priority Area Activities under this objective:  
All Federal priority areas plus Empowerment.

6. Classes of activities that were pursued for meeting the objective:
- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
  - Study or analysis
  - Demonstration project
  - Development of model policies and procedures
  - Presentation (formal or informal to policy makers)
  - Training for access to or for provision of service
  - Other similar activity to prevent developmental disabilities or to increase independence, productivity and integration
  - State Plan development
  - Activity addressing the implementation of 1990 Report findings
  - Coordinating activity, other than above
  - Advocacy activity other than above (commenting on other State Plans, State ICF/MR actions, unserved/underserved, other)
  - Gathering information
  - Outreach activity

7. Kindly see reverse for a summary of this objective's activities and accomplishments.

### Summary of Accomplishments

The Public Policy Committee of the Council has the lead responsibility for implementing our legislative platform and key Council-wide policy agendas. Readers are referred also to reports on Objectives numbered 1, 3, 4, 5, and 6 insofar as all the standing committees work on public policy matters.

The Council, in the fall of 1990, reworked its process for selecting its annual Legislative Platform to ensure earlier input and participation by all committees. A platform of six bills was recommended by the Public Policy Committee, and approved by the Executive Committee. The top two bills selected, however, were not reported favorably by their legislative committee (Health Care Committee); both proposals (An Omnibus Infant Mortality Act, and A Medical School Curriculum on Disability Sensitivity Act) required state expenditures and "died" in committee because they had virtually no chance of passing. The Council then selected a new priority bill - An Act To Protect Disabled Persons ("Anti-Aversives"), and five supported bills: An Act Providing Services to Those Graduating From High School or Turning 22; An Act to Provide Services for Those Persons with Mental Retardation Who are Fifty Years and Older; An Act Establishing a Public Guardianship Commission; An Act to Increase the Availability of Rehabilitation Services for Head Injured Persons; An Act to Promote Employment and Training for People With Disabilities. The priority bill underwent several revisions and as of the end of FFY 91 was placed in a study by its legislative committee. All five supported bills were passed favorably by their legislative committee and sent to the Ways & Means Committee where they remain, victims also of the state's fiscal crunch.

In March, the Council held its thirteenth annual Legislative Reception in the State House in Boston. The Lieutenant Governor and President of the Senate addressed the audience of more than 200 legislators, consumers, and advocates from state and private agencies. The Association for Retarded Citizens of Massachusetts was co-host; 53 agencies co-sponsored the reception. Our theme was "A Vision for the 90's: Creating Open Communities." The Council used the reception to present its legislative and budget agenda to the legislature. All attendees were urged to visit with their legislator and to communicate to them the importance of services for persons with disabilities and their families. Two state legislators, Senator Paul White and Representative Joan Menard, were honored for their work on behalf of individuals with disabilities and their families. A group of high school students who have siblings with disabilities attended the reception as part of a school project on advocacy and citizenship, visited their local legislators and met with Council members and staff afterwards to discuss their impressions and questions.

The Council and staff continued to work with other advocacy organizations, coalitions and ad hoc groups to share information on disability issues and to educate policy makers on our priority issues. Such groups include: the Massachusetts Human Services Coalition, Health Care For All - Disability Task Force, Massachusetts Law Reform Institute's ad hoc groups on budget and Medicaid issues, Massachusetts Health Council, Non-Aversives Coalition, Disabled Persons Protection Commission, Disability Law Center, Coalition for Legal Rights of the Disabled, and the like.

The Committee and staff designed and the DD program awarded a grant totalling \$60,000 to the University of Massachusetts at Boston "to provide education and training to MDDC members, consumers, family members, and advocates in the legislative advocacy focused on the MDDC's legislative priorities." In FFY 92, the grantee will facilitate and support direct contact between members and others and their legislators, to advocate for the Council's top priority legislation.

The state entered its fourth year of severe fiscal crisis and the Council advocated strenuously for continued funding for services for individuals with disabilities and their families. The Council unanimously passed a resolution opposing the three ballot questions in the November 1990 elections that would have decreased state revenues and caused severe cuts in services. Staff presented testimony to the Executive Office of Health and Human Services, the House Ways & Means Committee, and the Senate Ways & Means Committee on the proposed State FY 92 budget concerning the needs of persons with disabilities and their families. The Council opposed three rounds of budget cuts in the FFY 91 State budget in the fall and winter of 1990-91.

Four Council members and two staff persons attended the annual NADDC Public Policy Seminars in Washington DC, in June 1991, and met with members of the Massachusetts Congressional delegation to promote federal legislation and discuss issues of concern to persons with disabilities.

**1. Name and description of objective:**

To make available several grants, not to exceed \$5,000 per applicant agency/organization, to improve the quality of life for persons with developmental disabilities. The funded products/activities should further the independence, productivity, and community integration of persons with developmental disabilities. (Specific fundable projects could include the cost of co-sponsoring a conference, conducting a training workshop, advocacy activities, print and/or dissemination of materials, etc.)

**2. Goal corresponding to this objective:**

See 1990-91 State Plan goal, on first page of Section II-A.

**3. Extent to which objective has been met:**

The objective was exceeded since 19 grants were awarded.

**4. Expenditures for this objective:**

|                |               |
|----------------|---------------|
| Federal:       | \$45,000      |
| State (match): | <u>15,000</u> |
|                | \$60,000      |

**5. Priority Area Activities under this objective:**

Empowerment.

**6. Classes of activities that were pursued for meeting the objective:**

- Activity to increase capacities and resources of entities for improved service delivery to persons with developmental disabilities.
- Gathering information
- Demonstration project
- Presentation (formal or informal to policy makers)
- Training for access to or for provision of service

**7. Kindly see next page for a summary of this objective's activities and accomplishments.**

### Summary of Accomplishments

This objective was overseen by the Administering Agency for Developmental Disabilities (AADD), the "designated state agency" responsible for grants administration.

FFY 90 was the first time that the Massachusetts DD program offered a Small Grants Program, which provided increased flexibility and opportunity for applicant agencies/organizations to present innovative ideas for DD support. The response was greater than anticipated: 57 grant applications were submitted to the AADD in response to its RFP; other monies were rebudgeted so that a total of 19 projects could be funded. The Council decided to continue its small grants program both in FFY 91 and in the upcoming 1992-94 three-year state plan.

With the assistance of council members, the AADD developed and disseminated a new special Request For Proposal (RFP) for the Small Grants Program. Funds, up to \$5,000 per grant, were awarded for a period of 3-6 months to private, non-profit organizations to:

- Provide training/information/networking opportunities for consumers with developmental disabilities who are members of multi-cultural groups;
- Provide services to those persons with developmental disabilities who are severely, multiply disabled;
- Provide services to poverty areas and/or to persons with developmental disabilities who are in low income brackets;
- Provide sensitivity training to medical care providers, (including physicians, nurses, dentists, psychiatrists, social workers, nutritionists, etc.) concerning persons with developmental disabilities, and
- Provide information to community health centers and community mental health centers so that they can better assist persons with developmental disabilities (e.g. referral lists of interpreters, sensitivity training to all staff, etc.).

- The first year's "small grantees" produced the following high-quality products:
- Massachusetts Dental Resource Registry for People with Developmental Disabilities, (Boston University)
  - Directory of Services for Individuals with Developmental Disabilities for the Cambridge and Somerville area (in English and Spanish) (Cambridge Family and Children's Services)
  - Know Your Rights Brochure (Independence Associates)
  - Peer Counseling Manual for Persons with Disabilities (Boston Self Help)
  - Spanish Guide of Resources for Children with Developmental Disabilities in the North Shore Area (North Shore Association for Retarded Citizens)
  - Project ALAS Videotape Length: 18 minutes (D.E.A.F., Inc.) This videotape provides information on D.E.A.F. Inc's Project ALAS, a service for Hispanic people who are deaf. Clients, their families and staff discuss the services that this project provides and how it has improved their quality of life. The video is in Spanish and sign language with English subtitles.

- Turning 22 in Massachusetts Length: 6:13 minutes, June 1990, (Cooperative for Human Services/Eagle Wing Communications) Parents and professionals express the urgency of keeping the Turning 22 Program and its funding intact. Highlights include parents interacting with their adult children who have disabilities, and testimonies at the State House.
- Turning 22 Length: 30 seconds, 1990, (Cooperative For Human Services/Eagle Wing Communications) This PSA encourages parents whose children with developmental disabilities are reaching adulthood to contact the Turning 22 Coalition.
- Turning 22 Part II Length: 15 minutes, 1990 (Cooperative For Human Services/Eagle Wing Communications) Highlights parental experiences in raising children with disabilities. The parents share their fears and frustrations about losing services that are vital to their children's productive adulthood.
- Parents Are Professionals Too! (Association for the Support of Human Services) Three videotapes were produced to sensitize medical providers to the needs of parents and their children with developmental disabilities. These tapes will be available for conferences, training sessions, and for use by institutional and/or individual medical providers.

In addition to the small grants program described above, the Council and Administering Agency were pleased to offer occasional modest financial support to a variety of grassroots activities such as conducting conferences, publishing or disseminating educational materials. Kindly see Appendix B.

**A Special Note regarding Budget Figures referenced in Face Sheets and Narrative Descriptions  
of 1991 State Plan Objectives**

The careful reader may note differences in the dollar figures listed in item #4 on the face sheets for Objectives 3, 4, and 6, and those noted in the accompanying narratives. The different figures are because the face sheets include projected expenditures for each Objective included in the FFY 1991 State Plan. The narrative, however, also describes related accomplishments, culminating in the award (obligation of funds) by September 30, 1991.

Specifically, the following projects described in narratives involved federal funds from years other than 1991:

- Objective #3: \$19,893 contract to Consortium of Black Health Care Providers (minority TA)
- Objective #4: \$20,000 grant to Human Services Research Institute (parent training)
- Objective #6: \$25,000 grant to Newton Community Services Centers (disseminate integration video)  
\$75,000 grant to Mass. Coalition of Citizens with Disabilities (low-incidence groups)  
\$20,000 grant to Community Partnerships (employment inclusion)  
\$517 grant to Education for Community Initiatives (video)

## II-B. REPORTING YEAR INNOVATIVE ACTIVITIES

Following are descriptions of FFY 91 activities that the Massachusetts Council considers particularly innovative.

### Family Support - Organizing

In partnership with Human Services Research Institute of Cambridge, the Family Support Steering Group has worked to support a grassroots movement by parents and family members to organize around family support issues. Work started in this area in the spring of 1991, parents convened in the summer and named their group Families Organizing for Change. The large group broke up into two sub-groups -- one to work on a statewide meeting to take place in October 1991, and the other to draft family support legislation for the 1992 legislative session. The Council drafted and sent out the invitation to legislators to the October event, and made outreach calls to find family members from diverse groups to attend the event.

Over seventy family members representing people with a wide variety of disabilities, attended the event, and organized on a regional basis for future local efforts. The steering group of Families Organizing for Change has continued to meet and provide a forum for the activities of the regional groups to be shared, as well as for planning strategies around the legislation. Efforts are now underway to share the Family Support legislation as broadly as possible within the state so that there is ample opportunity for discussion of the issues it raises.

Notable innovations in connection with these family support activities were:

- the cross-disability aspect: families came together whose members had a variety of different kinds of disabilities and experiences;
- the parent/professional collaborations, especially around drafting of legislation and support to linking different grassroots groups;
- the cross-age linkages strengthened, whereby families with young children with disabilities are working hand-in-hand with adults with disabilities;
- a new focus on housing and living supports for families; most prior work had addressed adult individuals' housing needs. Housing issues for families - e.g. the need for financial assistance for middle income families needing architectural changes in their homes as the child with a disability grows older - were brought to the attention of the Executive Office of Human Services.

### Family Support/Cash Assistance

In FFY 91, the ongoing Family Cash Assistance Pilot Project (FCAP) provided direct cash assistance to 30 families who care for their members (up to 18 years of age) with developmental disabilities at home. These families were selected from a group of over 70 who had responded to a family needs assessment survey. These families reflect racial, ethnic, economic, age, geographic, and disability diversity. The 30 families received cash assistance totalling \$2,500 per family. 63% of the families used the cash assistance to purchase equipment such as computers, adaptive clothing, air conditioners, humidifiers, strollers, and services such as respite care, tutoring, and homemaker services. The project is now finishing its second of three years.

Evaluators have found that the FCAP had a positive effect on how families perceived the severity of their family member's disability; a significant impact on the quality of life of the participating families, reduction in out-of-home placement plans; and a greater sense of empowerment.

### Housing

The Citizen's Housing and Planning Association, Inc. (CHAPA) has become a strong partner to the state government administration, the private development community, and the MDCC in establishing and implementing a statewide agenda of special needs housing issues. This working relationship started as a result of CHAPA's response to the MDCC report Creating Open Communities. One of the results of this working

relationship was the publication of the CHAPA report, "A Move Towards Independence: Housing for People with Disabilities," a detailed look at housing strategies and options for persons with disabilities throughout Massachusetts. The state's Executive Office of Health and Human Services (EOHHS) Special Housing Needs Task Force was formed in part as a result of this report, which will guide it in the development of community housing for persons exiting several public institutions.

### Employment

The DD program's grant to MRC to develop the Massachusetts Supported Employment Information System was able, in its second year, to incorporate a "Quality of Life" tool into its design. For the first time, quality of life issues will be factored into the development of the individual work related plans (IWRP) of vocational rehabilitation clients, allowing the consumer to plan for a more qualitative rather than a purely quantitative IWRP. This idea, if further developed, could also make the IWRP more community-inclusive for the consumer.

### HIV/AIDS and Disability Network

A major Council accomplishment in FFY 91 was the growth and development of the HIV/AIDS and Disability network. The Network is a coalition of people with HIV and other disabilities and their care providers who have joined together to identify issues of common concern and develop a shared advocacy agenda. In FFY 91, the Network published its first major document, "Taking a Stand Together: Issues and Recommendations for Action on Behalf of People with HIV and Other Disabilities." This position paper outlined issues shared by both groups in the areas of training, policy, service provision, networking/coordination, ethics and access. It was widely disseminated to consumers, service providers, and policy makers. Network members began significant dialogue with state agencies and others about issues outlined in the position paper and consulted with the Harvard AIDS Institute regarding accessibility at the next International AIDS Conference (originally sited in Boston, but since moved to the Netherlands).

The Network also sponsored a series of focus groups around the state to obtain input for its next statewide conference, scheduled for May 12-13, 1992. These focus groups consisted primarily of consumers; people with HIV and other disabilities dialoguing about issues of common concern. These meetings provided much valuable information for conference planning and were also an innovative coalition-building tool.

The visibility of the Network greatly increased during this period, with staff and Network being requested to provide technical assistance and presentations regarding the Network's activities. More networking on the national level is expected in FFY 92.

### "Native American Roundtables"

In March 1991, the council sponsored two half-day programs on Native Americans and disabilities, designed to give service providers an opportunity to dialogue with Native Americans about the needs of that population and their perceptions of disability issues.

The first program consisted of a "Talking Stick Ceremony" in which each person attending had a chance to share his/her thoughts with the rest of the group in an atmosphere of trust and respect.

The second program was a panel discussion of Native American service providers discussing their experiences serving Native Americans in Massachusetts. Both programs were followed by Native American cuisine.

The audience for both programs, though small, was quite diverse and provided a unique opportunity for frank and open exchange.

**II-C. REPORTING YEAR ACCOMPLISHMENTS**

The instructions for preparing this report asked us to rank our most major accomplishments for FFY 91 in order of importance to persons with developmental disabilities in the Massachusetts, for promoting their independence, productivity, and social integration in the community.

This we respectfully decline to do, for three reasons: First, our DD Council as constituted in December of 1991 is a different Council from the one that planned and implemented the 1990-91 state plan, and it has not had the collective opportunity since its October 28 swearing-in to analyze and decide on which recent accomplishments would be most important. Second, we work in very diverse areas which defy comparison and we are equally proud of external accomplishments in family support, multi-cultural outreach, and community integration, as well as in internal support to our own volunteer members, building good relationships with a new state administration, being active in our national association, and the like. Third, it is difficult to separate "most major accomplishments" in this section from "innovative activities" in the preceding one.

We ask the reader, therefore, to collectively consider everything recounted in Section II as major accomplishments.



III. REPORTING YEAR EXPENDITURES

This includes Federal expenditures of funds awarded in previous fiscal years. Kindly see reverse for the breakout.

A. Type of Recipient

|                                    |                |
|------------------------------------|----------------|
| 1. State Planning Council          | 359,150        |
| 2. Designated State Agency         | 43,780         |
| 3. Other State Agencies            | 148,375        |
| 4. Protection and Advocacy Systems | -0-            |
| 5. University Affiliated Programs  | -0-            |
| 6. Non-Profit Private Agencies     | <u>558,528</u> |
| Total Federal Expenditures         | \$1,109,833    |

B. Cost Category

|                                                                 |               |
|-----------------------------------------------------------------|---------------|
| 1. <u>Federal Priority Area</u>                                 |               |
| a. Employment                                                   | 241,900       |
| b. Case Management                                              | 210,640       |
| c. Child Development                                            | -0-           |
| d. Community Living                                             | 87,050        |
| 2. <u>State Priority Area: Empowerment</u>                      | 167,313       |
| 3. <u>Analyses in Section 122(b)(5)(B)(i-vii)</u>               | -0-           |
| 4. <u>1990 Report Activities (other than in priority areas)</u> | -0-           |
| 5. <u>Planning, Coordinating &amp; Administration</u>           |               |
| <u>of Priority Areas</u>                                        | 359,150       |
| 6. <u>Advocacy (other than priority areas)</u>                  | -0-           |
| 7. <u>Functions of Designated State Agency</u>                  | <u>43,780</u> |
| Total Federal Expenditures                                      | \$1,109,833   |

Breakout of DC Program Expenditures  
FFY 1991

Paid 10/1/90 - 9/30-91

FFY 91

|                |                     |
|----------------|---------------------|
| Planning       | 87,305 (1100-1703)+ |
|                | 261,576 (1100-1710) |
| Administration | 41,045 (1100-1703)  |

Employment

|       |               |
|-------|---------------|
| FY 89 | 1,674         |
| FY 90 | 165,226       |
| FY 91 | <u>75,000</u> |
|       | \$241,900     |

FFY 90

|                |                    |
|----------------|--------------------|
| Planning       | 2,505 (1100-1703)+ |
|                | 7,764 (1100-1710)  |
| Administration | 2,735 (1100-1703)  |

Case Management

|       |               |
|-------|---------------|
| FY 89 | 27,039        |
| FY 90 | 108,601       |
| FY 91 | <u>75,000</u> |
|       | \$210,640     |

Total Paid:

|                |                |    |
|----------------|----------------|----|
| Administration | 43,780         |    |
| Planning       | <u>359,150</u> |    |
|                | \$402,930      | 1; |

Empowerment

|       |               |
|-------|---------------|
| FY 89 | -0-           |
| FY 90 | 92,313        |
| FY 91 | <u>75,000</u> |
|       | \$167,313     |

Other State Agencies

FFY 90

|     |               |   |
|-----|---------------|---|
| MRC | 24,500        |   |
| MRC | 24,958        |   |
| MRC | 24,500        |   |
| MRC | 24,958        |   |
| MRC | 24,500        |   |
| MRC | <u>24,959</u> |   |
|     | \$148,375     | 2 |

Community Living

|       |        |
|-------|--------|
| FY 89 | 87,050 |
|-------|--------|

Non Profit Agencies

|        |                |   |
|--------|----------------|---|
| FFY 89 | 115,763        |   |
| FFY 90 | 217,765        |   |
| FFY 91 | <u>225,000</u> |   |
|        | 558,528        | 3 |

|   |                |
|---|----------------|
| 1 | 402,930        |
| 2 | 148,375        |
| 3 | <u>558,528</u> |
|   | \$1,109,833    |

#### **IV. STATE ACTIONS WITH RESPECT TO ICFs/MR**

The 1990 reauthorization of the federal DD Act (P.L. 101-496) asks for "a description [in the Council's annual report] of the Council's response to significant actions taken by the State with respect to any intermediate care facility for the mentally retarded in such State..." The agency in Massachusetts that certifies facilities to participate in Medicaid's ICF/MR program is:

**Department of Public Health  
Division of Health Care Quality  
10 West Street - 5th floor  
Boston, MA 02111**

**Contact: Suzanne Mitchell  
(617) 727-5860**

DPH conducts certification surveys under contract with the federal government, and independent professional reviews under contract with the Mass. Department of Public Welfare, for the 82 ICFs/MR in Massachusetts. Of these, 8 are large institutions (or separate campuses of same), 74 are small, most with 8 beds. A handful of group homes have converted in the past year to ICF/MR status, but no new buildings were constructed under this program. Pursuant to a requirement in the DD Act, the DD Council receives and reviews copies of DPH's survey reports, statements of deficiencies obtained therein, and plans of correction. DPH reports that it must now operate with 8 surveyors, two fewer than two years ago; hence it is behind schedule in conducting routine surveys.

The most dramatic development involving ICFs/MR in 1991 was the decertification of the Dever State School because of ongoing deficiencies in the delivery of active treatment (despite a staff-to-client ratio and per diem that are among the highest in the country). Problems showed initially in the spring, DPH issued a notice of serious deficiencies in September, then judged there was sufficient progress by 30 days later. In November, however, federal officials came in and conducted their own survey, and again found serious active treatment deficiencies; the facility was given 120 days to document that it is providing required levels of service, or Medicaid funds will be withdrawn. Staff layoffs, the result of state budget cuts, have been a factor, as they disproportionately involved more junior client-interactive individuals; and reported demoralization following announcement of closure plans has probably contributed to the problems.

No other ICFs/MR have experienced problems similar to Dever's; Hogan-Berry, by contrast, did very well on its last survey. The small community-based ICFs/MR have been somewhat affected by staff cuts and salary reductions, though (at least as of most recent surveys) without measurable detriment to clients.

It is complex to respond clearly to the DD Act's request for comment on "the Council's response to significant actions taken by the State with respect to ICFs/MR..." On the one hand, the Council is not a key actor in the lengthy and complex drama enacted since the early 1970's, starring the Commonwealth (lead player: Department of Mental Retardation) as defendant and six parent organizations as plaintiffs. Differing points of view are held by the numerous parties to the six mental retardation federal court consent decrees, and Council members have generally placed their energies and directed DD Council resources elsewhere. Another factor is that the ICF/MR program as implemented in Massachusetts is not available to persons whose disability does not include mental retardation. Most importantly, however, we have confidence in the collective oversight and monitoring capabilities of DPH, the federal officials at the Health Care Financing Administration, and the state's Office For Quality Assurance (OQA). OQA was established at the request of federal Judge Joseph Tauro, who since the 1970's has overseen Massachusetts' compliance with consent decrees covering all but one of the state's large institutions; the decrees incorporate and sometimes exceed the ICF/MR standards.

On the other hand, the Council promotes options for community living; in that regard we continue to

point out the system-wide inequities resulting from the longstanding domination of the large institutional ICFs/MR, which absorb disproportionate resources while serving a dwindling portion of DMR's clientele, slightly under 3,000 persons in 1991. The Council's 1990 report, Creating Open Communities, addressed in detail in Appendix 6 the matter of Massachusetts' allocation of resources in its mental retardation system. Any reader interested in this topic is urged to read the above report, and/or the DD Council's 1989 annual report, which discussed ICFs/MR and related matters in some detail; most of that analysis and comment is still current. (Please contact the Council office for copies.)

The matter of mental retardation expenses and ICFs/MR received widespread public attention as the result of a book published in January 1991, by economist Edward Moscovitch, giving the results of his study funded by the Pioneer Institute of Boston. Mr. Moscovitch's study, entitled Mental Retardation Programs: How Does Massachusetts Compare?, asserted (as had the Council earlier in Creating Open Communities) that far too many people in Massachusetts remain in expensive state-run facilities, and urged the state to put more emphasis on personal needs of each individual or family and less on "bricks, mortar, fire codes and red tape." The Council office has summaries available of the Moscovitch analysis and recommendations. This report has clearly influenced the new state administration, which recommended in June that one large mental retardation institution (the Dever State School) be entirely closed, as well as parts of two others (the Foxborough campus of the Wrentham State School and the Berry campus of the Hogan-Berry Regional Center). It is not clear whether closing these facilities will proceed according to plan, given dual barriers of political opposition and a dearth of community start-up funds. The phase-down of the Belchertown State School, on the other hand, remains a bit ahead of schedule, and this first closing by Massachusetts of a large MR institution will be accomplished in 1992.

## V. THE STATE PICTURE IN 1991

### V-A. OVERALL TRENDS

We begin this section of our annual report by describing some general trends in both Massachusetts and the nation involving poverty. Many people with disabilities are poor, or at risk of becoming poor, and people who are poor are at higher risk of developing or aggravating disabilities.

Shadowing all else in FFY 91 was the generally poor economic climate. Massachusetts lost 1 job in 20 in the past year, the most serious job loss in the nation. This reduced, for the third year in a row, the state's ability and willingness to financially support a variety of human services and education programs. Public education has suffered massively from both local and state cuts: an estimated \$350M has been trimmed in recent years, and one school system reported 75 children in a single class in November 1991.

People who are poor are not faring well. Massachusetts is not alone: the December 19, 1991 Boston Globe reported on an analysis of cuts enacted by numerous states to eliminate \$30 billion in deficits caused by declining revenues and the stagnant economy. Throughout the country, the report said, state budget deficits were reduced or eliminated this year by diverting large chunks of the money previously set aside to help the poor. "Many of the state program cuts...squarely hit the poorest of the poor," said the report written by the Center on Budget and Policy Priorities, a liberal Washington think tank, and the Center for the Study of the States, an Albany, New York research organization affiliated with the State University of New York. The article summarized the report's findings:

- Forty states froze or cut benefits under Aid to Families with Dependent Children, the deepest cut in the welfare program since 1981.
- Fourteen of the 30 states with supplemental welfare programs, known as general assistance, reduced those benefits, affecting nearly a half-million people.
- Eleven states cut emergency payments intended to avert homelessness, and nine cut programs to help those already homeless. Four states cut and 20 others froze benefits for the low-income elderly, blind or disabled. Programs to make housing more affordable were reduced by an average of 20 percent.

A related article described the effect of cuts specifically in Massachusetts: "The safety net for Massachusetts poorest residents was punched full of holes in 1991, as welfare recipients lost more benefits than the poor of any state except Michigan, according to a nationwide report released yesterday." Under a revamped welfare system designed by Governor Weld and approved by the Legislature in October after weeks of intensive meetings and negotiations, benefits were being reduced or withdrawn (as of this writing in December 1991) for as many as 14,000 of the 38,000 recipients of General Relief. (Specifically, the new plan called "Emergency Aid to the Elderly, Disabled and Children," eliminates three former General Relief-eligible categories: substance abusers desiring treatment programs, ex-offenders, and persons 19-21 years of age. Our understanding is that approximately 8,000 people with disabilities who were eligible for the old General Relief program will not be eligible for the new Emergency Aid program. The cut, which went into effect on December 1, 1991, dropped 9,000 young adults--at high risk as an age group for unplanned pregnancy, venereal disease, and infection by the HIV virus that causes AIDS---from Medicaid coverage.)

The Center on Budget and Policy Priorities report also noted that Massachusetts made "the deepest cuts of any state in programs to enable low-income people to find affordable housing." The Bay State reduced its low-income housing programs by \$134 million, a 39% reduction that was nearly twice as large in dollar terms as any other state. The report acknowledged, however, that Massachusetts still has a larger low-income housing program than any other state. (Boston Globe, 12/19/91, pp. 29, 37)

Meanwhile, a landmark study--the first statewide study of childhood hunger among low-income families in the nation--reveals what can only be described as a childhood hunger crisis in Massachusetts. The Community

Childhood Hunger Identification Project (CCHIP)--part of a national research effort coordinated by the Food Research and Action Center (FRAC) of Washington, D.C., and sponsored in Massachusetts by Project Bread, the Massachusetts Department of Public Health and the Massachusetts Anti-Hunger Coalition--has revealed that nearly 200,000 children under the age of 12 in the Commonwealth--one in four--are affected by hunger. As an article summarizing the report comments, "Record high rates of unemployment in Massachusetts, coupled with cuts in state and local aid, have contributed to this childhood hunger crisis. Many families have been forced to experience hardships they never imagined could affect them. These families are feeling the very real pangs of hunger--many for the very first time." (Project Bread, 1991 Fall Newsletter, p.1)

In addition to the high prevalence of hunger (1 in 4 of children 12 and under), the report found:

- For many working families, wages simply do not cover the costs of basic necessities. Nearly 80% of the working families in the CCHIP sample are hungry or at risk of being hungry. 29% experienced hunger, and an additional 49% were at risk of hunger.
- Families at risk of experiencing hunger were identified in 100% of the cities and towns surveyed.
- Hungry children are much more likely to have health and school related problems. For example, those experiencing hunger were nine times more likely to experience unwanted weight loss and four times as likely to have increased school absences.
- Basic public family support programs do not provide poor families with sufficient resources. The combined benefits from Aid to Families With Dependent Children (AFDC) and Food Stamps do not provide even a poverty level income for families with children. Another contributing factor is insufficient funding of key government nutrition programs: e.g. the Special Supplemental Food Program for pregnant and post-partum Women, Infants, and Children (WIC), which provides highly nutritious foods for those at nutritional risk, is able to enroll only about one half of all women and children who are eligible to participate.

A serious rise in the number of homeless people was documented in the City of Boston's fifth annual census of the homeless, released on Christmas Day, 1991. The City's Emergency Shelter Commission said state cuts in mental health services and substance abuse programs, as well as the elimination during the last fiscal year of the state's Chapter 707 rent-subsidy program, have contributed directly to the increase in Boston homelessness.

Among the more dramatic changes this year was the steep 200% rise in the number of women and children living in so-called welfare hotels. Families are forced to remain in hotels and motels for much longer than in the past because the state's rent subsidy certificates for permanent housing are no longer available. Previously, families used these certificates to move into apartments. The 20-page census report also attributed the rise in family homelessness to high unemployment.

City officials said the loss of beds in mental health facilities and drug detoxification programs statewide has also contributed significantly to increases in the homeless population. One shelter reports seeing up to five new homeless people a week who have been discharged from a mental health facility.

Conceding that their counts are probably far below the actual number of homeless on the streets, Boston's census takers in late 1991 found 3,893 homeless people living on the streets, or in adult, adolescent, and family shelters, transitional homes, hospitals, and detoxification units. This figure includes 2,594 men, 806 women, and 493 children. In 1990, the census had counted 3,613 homeless people.

**V-B. REPORTING YEAR ACTIONS FOR UNSERVED/UNDERSERVED**

In our "1990 Report" Creating Open Communities, we identified a number of groups of people with developmental disabilities that are un- or under-served by publicly-supported programs. While circumstances will have changed for a limited number of individuals, the disability populations' overall situations remain substantially as they were two years ago, though the numbers of un- and under-served are larger. We reproduce our charts at the end of this section.

Department of Mental Retardation staff provided updated information on people identified as needing their services, in November 1991 to the Statewide Advisory Council, in connection with DMR's request for a supplemental budget of \$54.5M. Some of its state FY 92 accounts will run out in January of 1992, barely halfway through the fiscal year; unlike other human service agencies, DMR will probably receive \$40-45M, the lion's share of its supplemental request, because the federal judge overseeing the Commonwealth's compliance with 6 consent decrees has insisted that DMR's services be maintained.

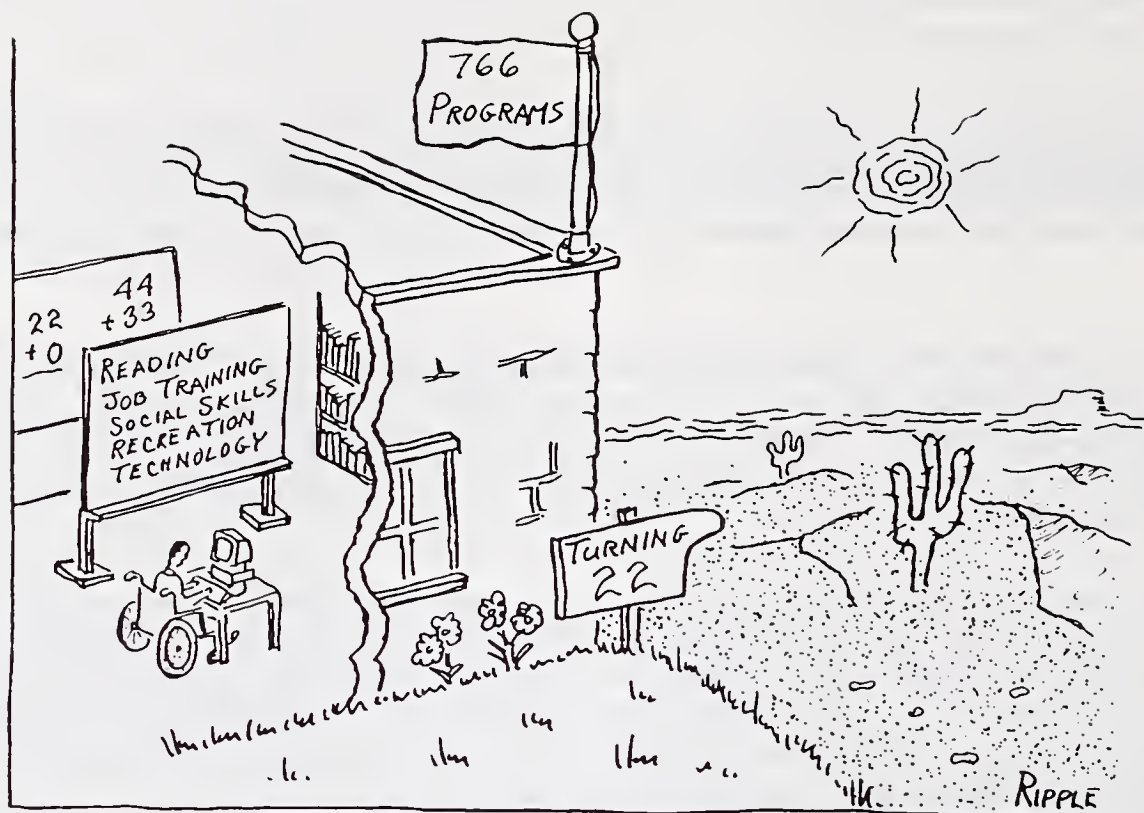
DMR's total waiting list (for both un- and under-served) is approximately 4,000. This includes people awaiting respite and family support services, as well as individuals with mental retardation awaiting specific day and/or residential programs as listed below:

|                                                     |       |       |
|-----------------------------------------------------|-------|-------|
| Consumers awaiting both day & residential services: | 217   | (40)  |
| Consumers awaiting residential services:            | 1,184 | (467) |
| Consumers awaiting day services:                    | 230   | (64)  |

The figures in parentheses are a newly-calculated subset of consumers whose primary care giver is over 60 years of age. DMR made application to the Federal government for new Medicaid grant funding (CSLA) to address the needs of this population before crisis strikes. Massachusetts' application, however, was not one of the 8 selected for funding, despite its reportedly being of high quality.

DMR reports that its waiting list is up 1,000 people in the past two years, 500 in the past year. Given these figures, individuals, families, and "the system," all show different signs of stress. As older and more medically fragile parents are unable to care for their middle-aged family member with mental retardation, some of the adult family members who are mentally retarded are being placed in inappropriate, restrictive environments, such as nursing homes, or state schools (the institutional ICFs/MR). Younger parents are no longer able to work, since the level of respite care has been reduced or eliminated. Stress on family members caused by the lack of services is also, sadly, translated into growing abuse of people with disabilities and disintegrating/dysfunctional families.

Each year, approximately 450 people with mental retardation who are turning 22 and graduating out of locally funded chapter 766 special education programs are referred to the Department of Mental Retardation (DMR) for transition services into the adult service system. Funding constraints since the inception of this program in the mid-80's have resulted in a total waiting Turning 22 list of over 1,500 individuals. Given that individuals who formerly received special education services will begin to stagnate or regress without appropriate adult services, the Greater Boston Association for Retarded Citizens has been urging parents to send a card (featuring the cartoon by Mike Ripple reproduced on the next page) to their state representative and senator, and the Governor, on their child's 22nd birthday to remind them all of the need for funding for Chapter 688.



A somewhat different population will soon join the ranks of the unserved, as the Massachusetts Rehabilitation Commission (MRC) announced its intention to institute a waiting list for basic VR services in early 1992. The gap has widened recently between the number of present and newly eligible clients, and the resources available to serve them. Apart from the generally poor economy, at least two specific reasons have contributed to the resource gap: major increases in higher education costs to clients to whom MRC has made a commitment (state colleges have upped tuition markedly to offset some of the costs to them); and the fact that the formula for the determination of federal VR funds to Massachusetts is based on pre-recession figures.

The legislature acquiesced to the administration's request to vest authority in the executive branch to change or eliminate those medicaid state plan options currently in the plan as the result of prior legislative directive. The impact on people with DD will depend on whether, and to what extent, this new authority will be exercised; since medicaid options and waivers support home and community services (rather than institutional ones) reductions in them are highly likely to be harmful, and will cut against DD Council efforts to enlarge and strengthen Massachusetts' use of the options.

Congress has been criticized by the National Governors Association for asking states to do more with medicaid, and then not providing sufficient federal resources to do so. For example, OBRA '89 requires that states via their EPSDT (Early, Periodic, Screening, Diagnosis and Treatment) programs provide "medically necessary" services to children on medicaid even if such services are not included in the state's medicaid state plan. We are not yet sure what this will mean in Massachusetts.

Others are increasingly unserved as the result of reductions in the budget of the Massachusetts Commission for the Deaf and Hard of Hearing (MCDH&H). Only 75% of routine requests for interpreters for people who are deaf/hearing impaired can now be filled. The 24-hour emergency interpreter referral service was eliminated. Therefore, if a deaf person is arrested in the middle of the night and needs someone to interpret for him right away, he will be left without any referrals during nighttime hours. Serious reductions in funding for the Massachusetts Department of Public Health's Office for Dental Health for the Handicapped and elimination of the community Special Needs Dental Programs mean that over 3,000 people with disabilities will no longer receive dental care. Preventive care has been eliminated for "community clients"; only 2 visits per person per year (reduced from 4) are allowable for residents of state schools (facilities) for people with mental retardation. Many people with disabilities have dental problems due to poor diet, inability to provide for dental hygiene, no dental health insurance, lack of desire on the part of some dentists to work with them, etc.; therefore these reductions in services will have a drastic negative impact on them.

Reports of abuse of adults with disabilities (by a variety of public and private caregivers, ranging from state facilities to private programs to family members and personal attendants) skyrocketed in 1991, again in combination with cuts to the responsible state agency, the Disabled Persons Protection Commission (DPPC).

The chart on the following page speaks for itself. DPPC reports that the new record, set in October 1991, is 25% higher than it had projected. Historically, about one-half of reported cases turn out to involve substantiated abuse, requiring various degrees of follow-up, and, in many cases ongoing protective services.

We are also aware of substantial increases during 1991 in child abuse and neglect, reported cases of HIV infection and AIDS, persons without either public or private health insurance, and persons who experience long delays in accessing basic information and referral services from the non-profit Information Center for Individuals with Disabilities.

The reader is directed to the narrative on Minority Outreach activities (#3), for a discussion of DD program efforts to promote access to services and enlarge cultural awareness regarding persons from a variety of ethnic and cultural backgrounds.

We realized when conducting research for our "1990 report" that we were not very familiar with low-incidence disabilities: what are they, which involve developmental disabilities, which have active advocacy organizations, are people with these disabilities often un- or under-served, would groups like to get involved with mainstream disability organizations? The major activities and achievements of our "Low Incidence Disability Project" grant in 1991 are summarized under Objective #6. The dozen or so more active groups identified a "collective advocacy agenda":

- The need for public and professional education, given that the symptoms of rare disabilities are unknown to most people, hence persons experience disproportionate misunderstanding and feelings of isolation;
- Accessibility of information, both to people with low-incidence disorders and the numerous professional communities that serve them; access to benefits is a special problem, given that many fall through traditional eligibility cracks;
- Health insurance reform, given that people with rare disorders are frequently excluded from private coverage or have special needs for equipment or therapies that are not covered by existing plans;
- The specter of "genetic discrimination," a fear which worsens as more research is conducted by the international human genome project, identifying genetic and hereditary disorders;
- Peer supports, both within and across low-incidence populations.

The project recommended that the Council assist the groups to link more fully with each other and with the larger disability community, and that the groups themselves explore the formation of a formal coalition. The Council in 1991 determined that some follow-up to the initial single-year grant was desirable; specific plans are being made as of this writing in December of 1991.

# REPORTS OF ABUSE TO DPPC BY MONTH MARCH 1987 - OCTOBER 1991

(compiled by Disabled Persons Protection Commission,  
November 1991)

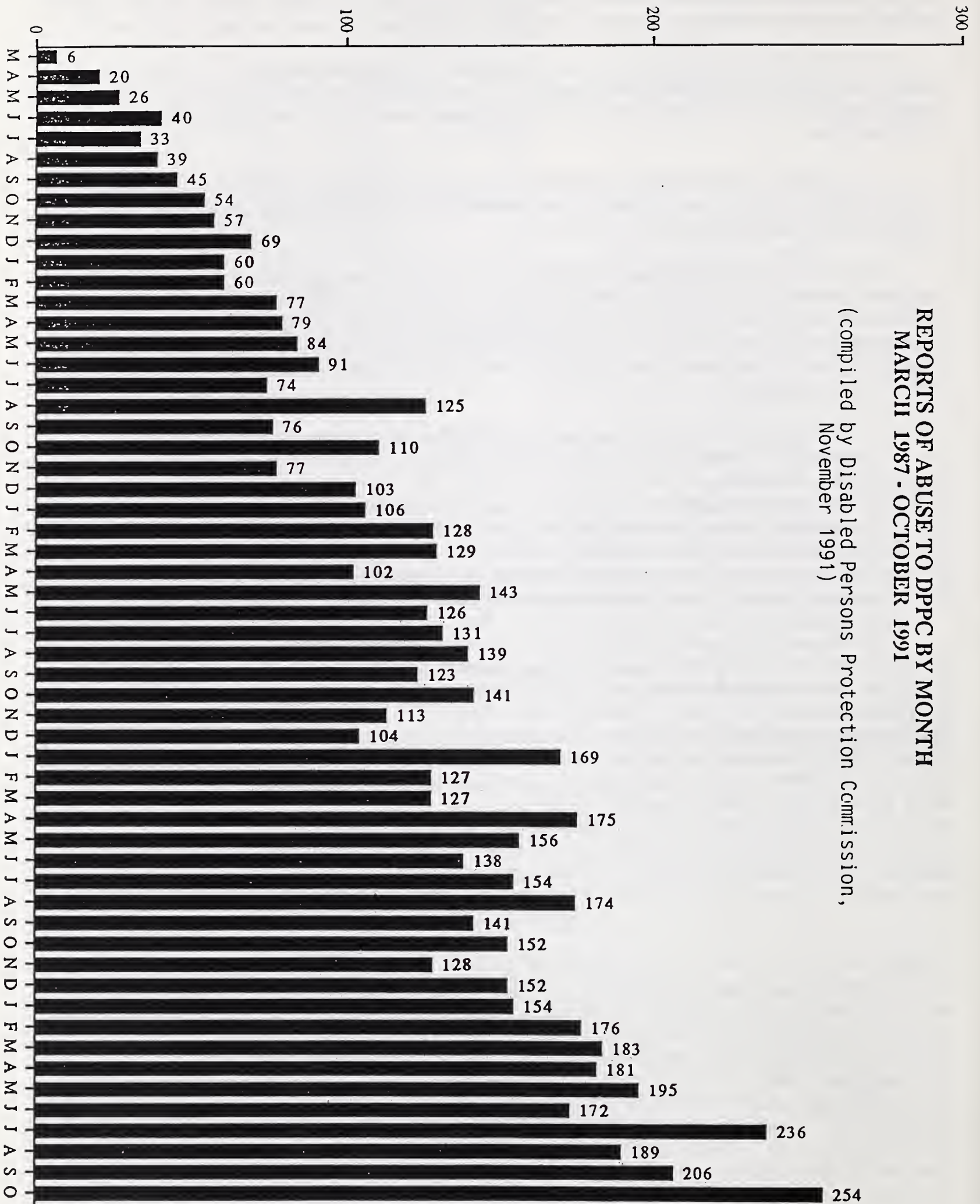


**TABLE I**  
**WHO'S OFTEN UNSERVED?**  
(left out)

|                                                                                                                                                                                                                                                      | WHY?                 |                             |                            |                       | Comments                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------------------|----------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                      | Inadequate Resources | No responsible state agency | Considered "Hard" to Serve | Can be very expensive |                                                                                                                                                                                  |
| • Persons needing outpatient mental health services who are not "chronically mentally ill"                                                                                                                                                           | X                    | X                           |                            |                       | DMH's focus on CMI has detracted from commitment to this group; 6-7000 on lists and unserved.                                                                                    |
| • Deaf persons needing outpatient mental health services                                                                                                                                                                                             | X                    |                             |                            |                       | Fall '89 cuts hurt 80 persons.                                                                                                                                                   |
| • Persons wanting accurate, personalized information and referral                                                                                                                                                                                    |                      | X                           |                            |                       | ICID does excellent job but system overall does not have info. capacity.                                                                                                         |
| • Persons wanting interagency case management/service planning                                                                                                                                                                                       |                      | X                           |                            |                       | OFC helps some kids, and Turning 22 some young adults. No agency for adults.                                                                                                     |
| • Persons needing legal assistance with disability or benefits related problem                                                                                                                                                                       | X                    | X                           |                            |                       |                                                                                                                                                                                  |
| • Persons needing guardianship or other legal-protective service but without family member/friend to provide service                                                                                                                                 |                      | X                           |                            |                       |                                                                                                                                                                                  |
| • Persons turned down by DMR as "not retarded enough" and/or by DMH as "not MI enough," and/or by ILC as "not capable of self-direction"                                                                                                             | X                    | X                           | rarely                     | rarely                |                                                                                                                                                                                  |
| • People with "hard to manage" behaviors of whatever origin (MI, HI, autism, Alzheimer's)                                                                                                                                                            | X                    | X (sometimes)               | X                          | X                     |                                                                                                                                                                                  |
| • People awaiting drug and alcohol addiction treatment                                                                                                                                                                                               | X                    |                             |                            |                       | Serious overall shortage of treatment programs. Far fewer for women, especially pregnant women and those with children.                                                          |
| • People in need of interpreters for ASL or other languages                                                                                                                                                                                          | X                    |                             |                            |                       |                                                                                                                                                                                  |
| • People without homes                                                                                                                                                                                                                               | X                    | X                           |                            |                       | 6,000 homeless people in state. Est'd 40% with MH or substance abuse problems. Growing number of children.                                                                       |
| • Groups who traditionally have less access and service from the public sector, e.g.:<br>—minorities in general<br>—immigrants/refugees and others not fluent in English and from different cultures<br>—Native Americans<br>—Persons in rural areas | X                    | X (often)                   |                            |                       | Discrimination, poverty, and inadequacy of specially trained professionals all mean fewer resources directed to these groups. Recent DMH cuts hurt ethnic minorities very badly. |
| • Persons with low-incidence disorders                                                                                                                                                                                                               |                      | X (often)                   | X (some)                   |                       | Diagnosis sometimes wrong or difficult.                                                                                                                                          |
| • Persons with head injuries                                                                                                                                                                                                                         | X                    |                             | X (some)                   | X (some)              | MRC Statewide Head Injury Prog. (SHIP) is "Lead Agency".                                                                                                                         |
| • Adults with physical or medical disabilities who need housing with supports                                                                                                                                                                        | X                    | X                           |                            |                       |                                                                                                                                                                                  |
| • Children in need of Early Intervention                                                                                                                                                                                                             | X                    |                             |                            |                       | Fiscal crunch threatens to remove from eligibility those "environmentally at risk"; 25,000 now eligible. Serious staff shortages.                                                |
| • Children born to drug-addicted or alcoholic parents                                                                                                                                                                                                | X                    | X                           |                            | X                     |                                                                                                                                                                                  |
| • Children with AIDS or HIV infection                                                                                                                                                                                                                | X                    |                             | X                          | X                     | Nearly all are or will become developmentally disabled.                                                                                                                          |
| • Families needing medical respite                                                                                                                                                                                                                   | X                    | X                           | X                          |                       |                                                                                                                                                                                  |
| • Families needing behaviorally oriented respite                                                                                                                                                                                                     | X                    | X                           | X                          |                       |                                                                                                                                                                                  |
| • Families needing respite                                                                                                                                                                                                                           | X                    |                             |                            |                       |                                                                                                                                                                                  |
| • People turning 22 and awaiting adult services (disabilities include deaf-blind, physical, medical, as well as "regular" MR and MR plus-other-disabilities)                                                                                         | X                    |                             | a few                      | a few                 | Overall wait list now approaching 1900, per Bureau of Transitional Planning (EOHS).                                                                                              |
| • Persons with mental retardation on DMR waiting lists (three lists):<br>• community services<br>• Turning 22 (with DMR as lead agency)<br>• respite for families with developmentally disabled member                                               | X                    |                             |                            | a few                 | Total #s are approaching 6000.                                                                                                                                                   |
| • Persons on numerous MRC waiting lists                                                                                                                                                                                                              | X                    |                             |                            |                       | Many will make economic contributions if trained and supported for work.                                                                                                         |

## TABLE II

### WHO'S (SOMETIMES) INAPPROPRIATELY SERVED?

### WHY?

|                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Persons with disabilities in the correctional system (courts, DYS, DOC)</li> <li>• Persons with disabilities in adult nursing homes but not requiring nursing home level of care</li> </ul>                                                                           | <p>Few specialized services; shortage of staff.</p> <p>Slow implementation of OBRA-87 community services development requirements. Special problem for disabled persons who are not mentally retarded or mentally ill — EOHS has not assigned an agency for planning and service development.</p> |
| <ul style="list-style-type: none"> <li>• Persons in adult nursing homes in need of "active treatment"</li> <li>• Young adults over 22 in pediatric nursing homes</li> <li>• Young adults over 22 in public health facilities (e.g. Mass. Hospital School) without day programs or community options</li> </ul> | <p>Resource and planning problems; shortage of qualified staff.</p> <p>Planning failure — population identified since late '70s and needs well known. Options limited by inflexibilities of Medicaid to pay for services in community which it does cover in institutional settings.</p>          |
| <ul style="list-style-type: none"> <li>• Persons with mental retardation in large Intermediate Care Facilities (DMR state schools) who do not require ICF level of care</li> </ul>                                                                                                                             | <p>Delayed implementation of consent-decree-required community placements. In some cases, family opposition to community placement. Overall failure to plan beyond "consent decree compliance" despite community living potential of many residents.</p>                                          |
| <ul style="list-style-type: none"> <li>• Persons in Medicaid-financed day habilitation and sheltered workshop programs who are capable of paid employment</li> </ul>                                                                                                                                           | <p>Need more aggressive conversion assistance for facilities and job development capacity to assist individuals. Need more commitment to provide all needed ongoing job supports to individuals.</p>                                                                                              |
| <ul style="list-style-type: none"> <li>• Students in private residential schools who could be home and in local schools if family and school system had supports they need</li> </ul>                                                                                                                          | <p>Power of private schools as lobbyists. Fiscal "encouragement" to Local Education Authorities for residential placements. Lack of clear state policy to support children and families in communities and neighborhood schools.</p>                                                              |
| <ul style="list-style-type: none"> <li>• Persons with severe behavioral problems (e.g., self-injurious, dangerous to self or others)</li> </ul>                                                                                                                                                                | <p>Some are exposed to aversive "treatments"; others are inappropriately in psychiatric facilities. Earlier interventions and supports are needed to families, schools, and community providers.</p>                                                                                              |
| <ul style="list-style-type: none"> <li>• Children in foster care needing permanent family ties</li> </ul>                                                                                                                                                                                                      | <p>Lengthy legal delays and court backlogs to free children for adoption.</p>                                                                                                                                                                                                                     |
| <ul style="list-style-type: none"> <li>• Persons in DMH hospitals selected for community living</li> </ul>                                                                                                                                                                                                     | <p>Group homes ready; no staff available.</p>                                                                                                                                                                                                                                                     |
| <ul style="list-style-type: none"> <li>• Persons with mental retardation in DMH hospitals who do not meet mental health commitment standards</li> </ul>                                                                                                                                                        | <p>Approximately 200 remain. They have been identified and assessed and are awaiting transfer to mental retardation programs.</p>                                                                                                                                                                 |

**V-C. REPORTING YEAR PRIORITIES IN STATE, AS REGARDS PERSONS WITH DEVELOPMENTAL DISABILITIES.**

Many of the Commonwealth's public priorities, especially those negatively impacting people with disabilities and other vulnerable populations, have been summarized in the previous two sections.

On the more positive side, we can list a few modest developments in Massachusetts in 1991, including:

- The design of (and 40% of the needed funding to launch) a new "Housing Registry," listing resources statewide for people with disabilities to be run by the Massachusetts Rehabilitation Commission;
- A new "Head Injury Trust Fund" created in state FY 92 outside budget language to finance some needed services for this growing (frequently developmentally disabled) population;
- Several new programs whereby surrogates manage personal care attendants on behalf of persons who do not have the cognitive capacity to do so without such assistance;
- A new administration plan to phase-down then close some 9 public institutions, which plan is accompanied by a stated commitment that no present client/resident will be "dumped" (i.e. left with no program) or forced into a less-desirable situation (see next section);
- A modest legislative increase in "Turning 22" funding to DMR; the overall numbers of persons unserved in this group, however, have grown (see Sec. V-B);
- More public attention to the beginning phases of life: e.g. a new multi-hospital initiative in Boston to reduce infant mortality, better state policies to encourage more integrated "generic" child care and group day care, a few creative new partnerships linking special education programs for children with behavioral problems with human service (DMR) family training and related supports.

It is difficult to tell whether and if these unrelated developments will become priorities; all are "delicate" and vulnerable, in light of the ongoing likelihood of serious state budget deficiencies: predictions are that by the end of state FY 92 (6/30/92), we'll be perhaps \$½B short of what is needed to maintain the 1991 level of state government services, and \$1.2-1.6B short for state FY 93.



## **V-D. REPORTING YEAR POLICY REFORM IN STATE**

A new administration came into office in January 1991, faced with a tough economy and dwindling state revenues. Governor Weld won the election in November 1990 by pledging to: restore fiscal stability without raising taxes; restructure, downsize, and partially privatize the state government bureaucracy; and to jump-start the economy with "supply-side" tax and other incentives to business. He was elected by an unusual and uncoordinated coalition of voters, some of whom simply voted against the other candidate; others who affirmed his support of women and gays, abortion and civil rights; still others who liked his tough stand on fiscal and criminal justice issues.

In an unusual year that started internationally with a war in the Middle East and ended with the unexpected dismantling of the Soviet Union, Governor Weld and the Legislature accomplished the seemingly impossible on July 1: the state budget was balanced without new taxes (in fact, an expected new tax on services, due to begin in March was repealed), and its fiscal situation at least temporarily stabilized after three years of political turmoil on Beacon Hill. Thus, for the first time in modern memory, the state started a new fiscal year with a budget that called for less spending than the previous year's.

This has not been without cost, however, especially (as noted in section V-A.) to poor people, to local communities, to public education (both local and state higher education systems), and to state workers (many of whom were either laid off, "privatized" to lower salaries, or furloughed without pay).

The balanced budget, moreover, depends on a one-time \$500M Medicaid reimbursement from the federal government--an unanticipated windfall discovered in the spring by a career state employee--and a number of projected one-time (and possibly unrealizable) revenues totalling about \$300M from the projected sale of certain state properties. Meanwhile, as noted earlier, DMR has already requested a major supplemental budget.

The administration is preparing the Governor's 1993 budget request using a new process: a new "program budget" will replace the century-old "line item" format, with the intent of clarifying what the state's \$13B actually buys. Acknowledging the need to cut at least an additional \$800M in the FY 93 budget, Administration & Finance Secretary Peter Nessen has explained that the new budget process combines three ideas: (1) lump-sum budgeting (i.e., large sums to agencies and managers, who can move dollars around programs; for example DSS's present "foster care" account would be incorporated into a much larger, more flexible and comprehensive "family preservation" account); (2) zero-based budgeting (i.e., justifying every dollar, not merely adding on); and (3) management by objective (i.e., a clear statement of what result is intended and achieved by virtue of a particular expenditure).

Needless to say, the present 1,100 line items in the state budget represent much history and engender many loyalties from legislators, advocates and interest groups; a significant change in the way of doing budget business when cuts of close to \$1B are part of the package will require much persuading with the Legislature and some groups of the public.

Another administration policy reform involves the design of a new system of managed care for medicaid recipients, to begin in January 1992 (if the Federal government approves the plan by then). Many individuals with developmental and other disabilities are covered by Medicaid; hence most, though not all will be expected to enroll in an HMO or have their medical services managed by a "primary care clinician." (Medicaid recipients in institutions and those served under Medicaid waivers, as well as persons who are blind or covered as well by Medicare or private insurance, need not enroll in managed care). Undoubtedly well intentioned, this plan has been designed quite quickly and is likely to involve numerous practical adjustments for both patients and providers, as well as possible legal challenges; advocates for people with disabilities and the poor are working to make their concerns known to state Medicaid officials. Next year's annual report will describe how this new plan works out.

"Privatization" is another policy initiative. In fact, the lion's share of state-funded community services

for persons with mental retardation, for elders, and for people with most physical disabilities, has been delivered by the private sector since the early 1970's; the initiative as implemented to date, however, has made major changes in many aspects of mental health service delivery. The Boston Globe of December 16, 1991, summarized the numbers of people and the kinds of services impacted by the privatization initiative:

### Who Is Affected

The state mental health system provides care to nearly 100,000 Massachusetts residents each year. Many use more than one type of service, and all are affected by privatization. A rundown (based on 1990 figures):

**Hospitalization:** 6,740 admitted to state hospitals and community mental health centers. Private hospitals will take over all short-term hospitalizations of low-income or uninsured patients under contract with the state. Only 1,000 long-term beds will remain in state hospitals.

**Residential:** 3,535 living in halfway houses or other specialized residential programs. About half of the patients released from state hospitals are supposed to be transferred to expanded residential programs, but only 120 new residential beds have been built so far.

**Outpatient:** 77,000 visit clinics for treatment; regular counseling or crisis intervention. All clinics have been turned over to private contractors, except for limited crisis care offered by community mental health centers.

**Emergency care:** 30,000 individuals. All emergency care will be transferred to private hospitals or companies that offer emergency psychiatric services.

**Support:** 16,000 use services that enable them to remain in their communities, including drop-in centers and social clubs, outreach programs, family support and peer group services and educational and rehabilitation services. Private agencies will provide these services under contract to the state.

**Case management:** 8,100 under the care of managers who ensure patients follow treatment plans. Case managers will no longer work for the state, but for private regional companies that offer this service under contract with the state.

**Skill development and employment:** 2,400 individuals. Already contracted to private agencies.

**Children and adolescent care:** 5,747 served by home-based treatment, crisis intervention, day treatment centers and other outpatient care. Private agencies will assume all of these services under contract to the state.

Concerns abound: many fear that hidden and/or future costs by private providers will undermine the state's projected savings, that "overload" will jam the system as increasing numbers of hospitals and other providers choose not to serve patients in need (state psychiatric hospitals place "over-census" patients in closets and hallways, but privates will not chance losing accreditation), that demoralized and reduced staff (some former state social workers and other clinicians have been "privatized" with \$5-6,000 salary cuts and reduced benefits) won't have the numerical strength or be able to make the sacrifice over time to stay working with the clients. Readers interested in more detail on advocates' (and many public officials') views about privatization of mental health services are referred to a rather broad-ranging three-part series in the Boston Globe, Dec. 15 (p.1), 16, and 17, 1991.

Another initiative involves day care. The administration, with many advocates and providers, has addressed the issue of day care for children, in the context of some \$10M in federal funds allocated by the federal government to Massachusetts. Detailed discussion is beyond the scope of this report: advocates, including the DD Council, of "mainstreaming with supports" children with special needs into "regular" day care, find it hard to expect much progress insofar as some \$30-40M in state day care funds were cut over the past 2-3 years, thus the new federal money (which is not supposed to supplant state contributions to day care) is much in demand. The Americans With Disabilities Act, however, has given impetus to reworking the regulations covering group day care, so children's legal rights to access this service are now stronger than in past years.

The state's Office for Children--decimated in size and resources but rescued by the Legislature from the complete dismantling contemplated by the Governor's initial budget request in January--convened for the guidance of the new Executive Office of Health and Human Services (formerly Executive Office of Human Services), an "Interagency Child and Family Services Policy Group." Representatives from key agencies within EOHHS as well as the Department of Education (structurally located in a separate secretariat) met for nine months examining ways to maximize revenue for various children's and family services, ways to keep kids home or bring them home from institutional settings (the Dept. of Social Services alone spends about \$10M supporting children in out-of-home placements), and matters involving sliding fee scales and other ways to charge families/consumers for parts of state-financed care. The group delivered its final report in late September; its focus was not on children with disabilities per se, though many children served by human services agencies and education programs have disabilities (e.g. DSS has over 1,000 kids whom it considers MR and/or DD in its care); and given that Medicaid is under strict orders from the Governor and the Legislature to hold down costs, its many thoughtful recommendations did not include ways to expand uses of Medicaid to cover presently un- or under-served populations, or adults with disabilities. The Council in 1992 plans to follow up to promote the report's ideas, as well as to stimulate more focus specifically on creative additional ways to finance DD service for all age groups.

Perhaps the most publicized administration policy initiative in 1991 was the Governor's acceptance, in June, of the report and key recommendations of the Special Commission on Consolidation of Health and Human Services Institutions (referred to as the Facilities Commission). Appointed by the Governor in late February to make recommendations about what institutions of the three departments of mental health, mental retardation, and public health might be consolidated and closed, the Commission members concluded that the state should free itself from maintaining its large array of "huge, under-utilized, and often antiquated institutions." (EOHHS Secretary David Forsberg, Chair of the Commission, June 19, 1991.) The plan calls for reducing the present 34 facilities (which number includes separate but related campuses of major institutions) to 23, while simultaneously creating new community-based residential beds and community support programs. Several hundred trans-institutionalizations are contemplated for some 300 persons from state hospitals to general hospitals, and for some 500 from state institutions to private nursing homes.

The Commission strongly recommended, and the Governor and his administration have publicly committed themselves to, a policy whereby "no patient moves or transfers will be initiated without strict attention to client safety; special clinical concerns; active participation of families, involved citizens, staff, providers and the patients themselves; and sensitivity to the involved staff." (Governor's office press release, 6/19/91) Lt. Governor Cellucci declared, "No patient will be moved until an equal or better appropriate care setting is available. No institution will close until every client or patient has been moved to an appropriate location."

The Commission and the Administration had a double motive: better client care in less restrictive settings, and savings to the Commonwealth. The administration predicts that when the system is consolidated and the clients placed in other settings, the net operating savings will be \$60M annually, and the projected capital savings a total of \$144M. Unfortunately, rarely can institutional savings be realized until community (or other institutional beds) are up and running, and the state budget is short on "new start" or "up front" monies, especially for DMH and DMR, where the numbers of new community beds needed are considerable. In addition, some legislators, parent groups, and unions are unhappy about the choice of the nine facilities or campuses listed as planned for closing; as of December 1991 legislation had been filed that would put the legislature rather than the administration in charge of deciding what gets closed, and when. One DMR institution, the Belchertown State School, was earlier and separately planned for closure by the prior administration; that effort is moving along slightly ahead of schedule, and Belchertown will close its doors in 1992.

Charged with helping to implement some of the Facilities Commission recommendations is a new Special Needs Housing Task Force, established by EOHHS, whose secretary enjoys a special interest and background in housing as the result of his earlier experience with HUD. This effort has been assisted by the work of CHAPA, which recently developed expertise in special needs housing as the result of a grant from the Boston Foundation. The EOHHS task force, to face its tough challenge, has assembled a good cadre of consumers, developers, state agency people, and other interested parties.

Thus, a number of policy initiatives have begun in the first year of a new state administration, tensely co-existing with economic hard times and ongoing and serious budget and service cuts.



## V-E. ADVOCACY ACTIVITIES WITHIN THE STATE

Advocates have been challenged and energized by the variety of problems--as well as some of the proposed governmental solutions--which have surfaced or worsened in 1991. Herewith a few highlights not discussed elsewhere in this report:

**Making the Case for Investing in Poor People:** The "Poor People's Budget" for 1992, published by the Massachusetts Human Services Coalition in the fall of 1991, documents as in prior years the hurt experienced by the tens of thousands of people in Massachusetts as the result of state budget cuts. It makes a compelling argument, however, that public investment in poor people should not be seen as charity but as triggering considerable financial dividends. For example, the \$39M clothing allowance for AFDC families (½ from state funds, ½ matched by the federal government; \$150 each for 200,000 children) cut from the FY 92 budget, could have put \$30M into the ailing local economy while also benefitting needy children. \$2.5M cut from early intervention would surely have reduced future expenditures, as numerous studies have documented savings of \$3-8 later for each dollar put in EI: 60% of kids enrolled do not later need "special" education. In the housing area, the \$160M cut in the state's rent subsidy program was surely penny-wise and pound-foolish, as the end result is usually homelessness, welfare-paid shelters, as well as unpaid landlords and mortgage foreclosures. Also in housing, the state cut a low-interest mortgage program for first-time home buyers: the state's \$1M ante would have triggered \$10M from banks, a clear stimulus to the private sector.

**Health:** With major elements of the once-promised Massachusetts Universal Health Law dead or dying, and hospital cost deregulation proceeding apace, health advocacy groups and sympathetic legislators, not giving up on truly universal health care, rallied to file a progressive "Family Health Care Act." The private Health Care For All organization nurtured a Disability Task Force; the Massachusetts Law Reform Institute pulled together a "Medicaid Defense Group," and an ad-hoc "Managed Care Group" to combat cuts in eligibility and service and to watchdog developments, respectively. In mental health circles, advocacy is growing as the year ends from families and clinicians worried about proposed de-institutionalization of persons with mental illness, and privatization of clinical services.

**Special Education:** On the plus side, advocates thrice successfully fought legislation repealing the important "maximum feasible benefit" standard in 1991, and some improvements were made in updated state special education regulations. Less positively, the state Dept. of Education has expressed its desire to tighten the eligibility criteria by requiring that a child be "disabled" as opposed to his simply experiencing difficulties in learning. And, the much-awaited Legislative Education Committee proposal for overall reform of public education in Massachusetts failed even to reference special or bi-lingual education!

**Children:** The state's Office for Children--a landmark agency established 20 years ago, one of whose major functions is individual and collective advocacy on behalf of children--barely survived efforts to dismantle it early in the calendar year. Its Help for Children local programs (sometimes affectionately referred to as "individual kid advocacy") fell victim to the cutting axe; this is a great loss as Help for Children advocates worked to bring together any and all resources necessary to solve kids' problems, as well as to point out publicly where kids were falling between the cracks because the "system" was failing them. Local Councils for Children, originally convened and staffed by OFC, determined to live on despite cuts: volunteers set up a new non-profit organization devoted to continuing this local citizen mobilization on behalf of children's issues.

**Americans with Disabilities Act:** The federal government in 1991 issued proposed regulations and funded a number of training activities, and interest in the disability community was very high. The state's Office on Disability (formerly Office of Handicapped Affairs) plans to take the lead role within state government, to encourage the Commonwealth to achieve full compliance throughout its own operations and facilities. Advocates including the Council see the ADA as a stimulus to look carefully at the state's employment and contracting

practices, and to re-examine its architectural and programmatic accessibility, and its affirmative action as well as non-discrimination policies and procedures.

**Statewide Disability Policy Group:** During political campaigns in the fall of 1990, during the "transition" after the election but before the new administration assumed office, and early in the new year, disability activists met and considered how to package and propose the concept of a senior, consumer-driven body that would advise the Governor on cross-cutting issues impacting the large community of people with disabilities in the Commonwealth. A Disability Advisory Council--to promote comprehensive disability policy development, planning and state agency service delivery--had long been one of the key ideas of the group known as the "Access Coalition." The advocates meeting in early 1991 were in some sense the successors to the Access Coalition; their planning meetings resulted in a proposal developed by advocates, discussed and refined in meetings with EOHHS Secretary Forsberg, and conveyed by him to Governor Weld in August. Both the Secretary and the Governor find the concept of a senior disability policy body attractive, and believe it may best be created via a restructuring and new mandate to the Council now advising the Massachusetts Office on Disability.

In a related but separate development, the Governor, in consultation with disability activists, prepared a new "Statement of Principles" setting forth the philosophy of the administration as regards disability policy and services. As of December 1991, the statement was in final form but not yet officially announced or promulgated.

At the close of the year, it appears that the establishment of an Advisory Council will relate to changes at the Massachusetts Office on Disability, and formal public presentation of the new Statement will likely take place at the same time as an announcement regarding the new Council. Throughout all these negotiations, DD Council representatives have played an active role, seeing a new all-disability senior advisory body as a vital element in creating a more cohesive and visible state government awareness as regards disability itself as well as a way to communicate to the Governor the impact of generic public policy changes on the disability community.

MASSACHUSETTS DEVELOPMENTAL  
DISABILITIES COUNCIL  
December 1991

MEMBERS

|                       |                                  | Appointment<br>Date | Term<br>Expires |
|-----------------------|----------------------------------|---------------------|-----------------|
| Sal R. Albano         |                                  | 12/01/90            | 12/92           |
| Steve Bachner         |                                  | 10/18/91            | 10/94           |
| Lucille N. Chansky    |                                  | 10/18/91            | 10/94           |
| John Chappell Jr.     | Mass. Rehabilitation Commission  | 10/18/91            | 10/92           |
| Speed Davis           | Office on Disability             | 10/18/91            | 10/92           |
| Mark T. Denning       |                                  | 10/18/91            | 10/94           |
| Michael Dorsey        |                                  | 06/08/90            | 10/94           |
| Sherry Dottin         |                                  | 10/18/91            | 10/94           |
| Grayson Emery         |                                  | 10/18/91            | 10/94           |
| Mary Beth Fafard      | Dept. of Education               | 10/18/91            | 10/92           |
| Diane Flanders        | Medicaid/Dept. of Public Welfare | 10/18/91            | 10/92           |
| Patricia Freedman     | Disability Law Center Inc. (P&A) | 10/18/91            | 10/94           |
| Francis Galligan      |                                  | 10/18/91            | 10/94           |
| James Gleason         | Shriver Center (UAP)             | 10/18/91            | 10/94           |
| Barbara Gopen         | Vice-Chair                       | 06/24/91            | 06/94           |
| Inta Hall             |                                  | 10/18/91            | 10/94           |
| Gerald Healy, M.D.    | Chair                            | 04/19/91            | open            |
| Lynda Hoffman         |                                  | 10/18/91            | 10/94           |
| Yoang Hoon Jung       |                                  | 06/19/90            | 10/94           |
| William Kiernan       |                                  | 10/18/91            | 10/94           |
| Rosemary Larking      |                                  | 10/18/91            | 10/94           |
| Jane Manthorne        |                                  | 10/18/91            | 10/94           |
| Jean Moltenbrey       | Exec. Office of Elder Affairs    | 10/18/91            | 10/92           |
| Doralba Munoz Godales |                                  | 10/18/91            | 10/94           |
| Carmel Nason          | Secretary                        | 10/18/91            | 10/94           |
| Bonnie O'Day          |                                  | 06/24/91            | 10/94           |
| Priscilla Osborne     | Children's Hospital DEC (UAP)    | 10/18/91            | 10/94           |
| Rogera Robinson       |                                  | 10/18/91            | 10/94           |
| Edith Schneider       |                                  | 10/18/91            | 10/94           |
| Howard Shane          |                                  | 10/18/91            | 10/94           |
| Ruth Berniss Smith    |                                  | 10/18/91            | 10/94           |
| Robert Sneirson       |                                  | 10/18/91            | 10/94           |
| Susan F. Thibadeau    |                                  | 10/18/91            | 10/94           |
| Vivienne Thomson      |                                  | 10/18/91            | 10/94           |
| Jean Tsokanis         |                                  | 10/18/91            | 10/94           |
| Janet Vohs            |                                  | 10/18/91            | 10/94           |
| G. Lance Williams     |                                  | 10/18/91            | 10/94           |

STAFF

Council

Jo Bower, Planner  
Barbara Chandler, Planner  
Peggy Freedman, Planner  
Herb Moshkovitz, Admin. Assistant  
Mary Mullen-Miele, Admin. Secretary  
Deirdre Whelan, Legal Counsel  
Jody Williams, Executive Director

Administering Agency

Randee Chafkin, Acting Director  
Evelyn DiMaiti, Grants Manager  
Liz Fancher, Admin. Assistant





*The Commonwealth of Massachusetts*  
*Executive Office for*  
*Administration and Finance*

*600 Washington Street, Room 670, Boston, Mass. 02111*

Administering Agency for  
 Developmental Disabilities  
 (617) 727-4178

LIST OF SMALL GRASSROOTS GRANTS - FFY 1991

- 1) Western Massachusetts Training Consortium, Inc. - \$517.50 - Spring, 1991

The Education for Community Initiatives division converted a slide presentation, "Welcome to the Club" to videotape. The presentation was developed as a final product of a major DD grant, and its conversion to videotape ensures wide dissemination.

- 2) ADSUM, Inc. - \$1,676 - Spring, 1991

The DD Program assisted in funding the "Creating Change Through Policy Making" conference in the Family Leadership Series. Specifically, DD funds paid for two trainers, materials dissemination, and meeting space.

- 3) DMR (via MARC) - \$1,000 - Fall, 1991

DD funds will pay for the printing and dissemination of brochures for DMR's Human Rights Conference.

- 4) Seaside Associates - \$4,000\* - Fall, 1991

DD funds will be used to assist in paying expenses associated with the upcoming ADD-Tech conference.

- 5) Institute on Disability, University of New Hampshire - \$500 - Spring, 1991

The MDDC provided funds to co-sponsor a conference entitled, "Forging New Directions: A Working Conference on Aging and Developmental Disabilities".

- 7) Attleboro Area ARC - \$3,000 - Spring, 1992

DD funds will pay for compiling information on cash assistance models that other states are developing.

- 8) Eagle Wing Communications/Cooperative For Human Services - \$1,998 - Fall, 1991 - Winter, 1992

DD funds will pay for the development of a media guide for the MDDC and private nonprofit organizations who need a resource for promotional or educational purposes.

- 9) DMR (via Seaside Education Associates) - \$245 - Spring, 1991

The DD program is allocating DD funds to pay trainer fees to individuals with mental retardation who will be presenting at workshops on the Quality Assurance System.

- 10) GBARÇ - \$1668.31 - Winter, 1991  
DD funds paid for the printing and mailing of a Chapter 688 feasibility survey to approximately 13,500 people.
- 11) N. Neal Pike Foundation - \$2,000 - Spring, 1991  
DD funds supported the Americans with Disabilities Act (ADA) Conference in Cambridge, MA.
- 12) Museum of Science - \$2,000 - September, 1991  
The DD Program is allocating \$2,000 to assist in the museum's sensitivity training for staff and volunteers concerning visitors with disabilities.
- 13) Cambodian Mutual Assistance Association of Greater Lowell, Inc. - \$1,200 - prior to March 30, 1992  
DD monies will fund a conference on services available to people with disabilities in the Cambodian community.
- 14) Massachusetts Chapter of the National Head Injury Association - \$2,000 - prior to March 31, 1992  
DD funds will be utilized to purchase prevention materials to distribute for disability and head injury awareness month and throughout the year.
- 15) Seaside Education Associates - \$2,000 - prior to March 30, 1992  
DD funds will be used to continue marketing and close captioning "Everybody Needs A Buddy Sometime", the MDDC's/ Department of Defense's training film on evacuating people with disabilities from high rise buildings.
- 16) Cooperative for Human Services, \$1,945, summer of 1991  
DD funds are being used to caption the 15 minute informational videotape produced by the DD funded minority media project.
- 17) DMR, via Mass. Easter Seals Society - \$835 - September, 1991  
DD funds will be used toward statewide training sessions for staff who provide in-depth support services for people with mental retardation.
- 18) The Project on Women and Disability - \$2,000 - prior to March 31, 1992  
DD funds will be used to pay trainers' fees for a project to empower consumers with disabilities to more effectively deal with medical practitioners. Training will be via focus groups and a workshop.

Number of Grants: 18

TOTAL: \$28,584.81

\* The I.P.I..Committee allotted an additional \$2,000 toward the conference to fulfill its Objective #91-6(5) (A)







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